



## **Claims Receipt - System Documentation**

**Non-browser, Instructions**

**Version 1.0**  
**December 1, 2001**

Information Technology Section  
North Carolina Division of Mental Health, Developmental Disabilities  
And Substance Abuse Services  
**APS Manual 1013**

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## Table of Contents

<b>1. INTRODUCTION .....</b>	<b>1</b>
<b>2. SCOPE.....</b>	<b>2</b>
<b>3. ACRONYMS AND TERMS/ABBREVIATIONS.....</b>	<b>3</b>
<b>4. NON-BROWSER COPYBOOKS, FUNCTIONS, AND INTERFACE (SE/MAINFRAME) .....</b>	<b>5</b>
4.1     Components .....	5
4.1.1    Claims Receipt Insurance Data.....	5
4.1.1.1  Copybook HMAY0604 .....	5
4.1.1.2  Data Element Definitions .....	8
4.1.2    Claims Update File .....	11
4.1.2.1  Copybook HMAY0001 .....	11
4.1.2.2  Data Element Definitions .....	36
4.1.3    Client Cross-Reference File.....	70
4.1.3.1  Copybook IPKYXREF .....	70
4.1.3.2  Data Element Definitions .....	71
4.1.4    Provider Cross-Reference File.....	73
4.1.4.1  Copybook HMOYPX01 .....	73
4.1.4.2  Data Element Definitions .....	73
4.1.5    IPRS ECHO File.....	74
4.1.5.1  Copybook HMDY3051 .....	74
4.1.5.2  Data Element Definitions .....	75
<b>DOCUMENT CHANGE LOG.....</b>	<b>76</b>



## 1. INTRODUCTION

This project is to develop an Integrated Payment and Reporting System (IPRS) for the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SA). The division will use the IPRS to process, track, pay, and report on all claims submitted by providers for services rendered to its constituent population. Billing providers will submit a single claim to the State, and the division's IPRS will pay the claim from the appropriate funding sources, including Medicaid, "Pioneer", Thomas S., Willie M., Special Populations, Mental Retarded (MR)/Mentally Incapacitated (MI) and capitated risk contracts. The system is designed to provide the division, Local Managing Area (LMA)s, and area programs with "seamless integration" of DMH and Division of Medical Assistance (DMA) client, provider, prior authorization and claims data for eligibility lookup and claims filing processing and payment.

DMH/DD/SA services respond to the mental health, developmental disability and substance abuse needs of the people of North Carolina with a variety of programs and services. This division is responsible for administering federal and state funds designated for MH/DD/SA services, operating the State institutions, ensuring area programs meet funding requirements for Federal and State aid, and administering State standards for facility operations and licensing.

DMH/DD/SA currently uses several different systems for the reimbursement of services provided to clients. The Unit Cost Reimbursement (UCR) systems are maintained by the State and reside on an International Business Machine®<sup>1</sup> (IBM) mainframe. These systems are not integrated, and there is no central system for storing client eligibility information. IPRS replaces the existing UCR system with one integrated system for processing all MH/DD/SA claims. This provides DMH/DD/SA with a significantly enhanced system that includes increased flexibility to implement unique policy and payment strategies for MH/DD/SA patients in a timely and cost efficient manner. In addition, the UCR system reduces the amount of State funds required to maintain multiple claims processing systems, establishes a central repository of recipient data, allows the State to more closely monitor service delivery, eliminates potential over-billing, simplifies claim filing practices, and reduces claim's payment-cycle time.

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<sup>1</sup> IBM® is a registered Trademark of the International Business Machine Corp. All Rights Reserved.



## 2. SCOPE

IPRS includes a new and unique provider eligibility subsystem for DMH/DD/SA services and provides a method of entering provider information for the division and the pilot sites by using browser-based screens. An established process is used to determine a central provider identification number which links to the LMA assigned provider number. Provider number cross-referencing is established for providers that have more than one provider number. Specific provider information may be used to trace the provider back to the local managing agency. For maintenance of provider information, DMH/DD/SA services will also have the ability to add, suspend, cancel, terminate, modify or delete their providers. In addition, IPRS will provide a secure environment for the entry of provider data and provider information maintenance.

The IPRS project provides the DMH/DD/SA with a centralized Client Eligibility System, which will include Pioneer, Thomas S. and Willie M. clients. The information stored in this system will be used to process service claims submitted by billing providers.

The DMH/DD/SA currently uses the Pioneer Unit Cost Reimbursement System, which includes a number of interrelated and integrated policy and procedure components to assist the LMA with service delivery. Thomas S. and Willie M. clients are subsets of the pioneer population. The current Thomas S. and Willie M. systems maintain the eligibility data of each specified age disability program and level of eligibility (where appropriate) for which the client is eligible. Pioneer does not contain any client eligibility data. IPRS maintains this data, which is received directly from the LMAs and Thomas S. and Willie M. systems.

This document provides a structured examination of system parameters for Software Engineers (SE)s as defined in copybooks which identify the coding/programming behind the IPRS effort.

For those using strictly IPRS browsers, keep in mind that browser fields mirror the non-browser SE fields, and extracts data from a non-browser source (data base), making this document valuable for understanding copybook information and Data Element Definitions (DED)s (common elements for both).



### 3. ACRONYMS AND TERMS/ABBREVIATIONS

This section covers acronyms, terms, and abbreviations used throughout this document. Unique terms and abbreviations are explained within their respective section in this document. Most code and/or DED elements are not explained or covered in this section, but are covered in their respective DED section.

#### *Acronyms*

Acronym	Definition
CA	Carolina Access
CAP	Community Alternatives Program
CLIA	Clinical Laboratory Improvement Amendment
COS	Category Of Service
CPT and CPT-4	Current Procedural Terminology (CPT)-4 (revision 4)
DEA	Drug Enforcement Agency
DED	Data Element Definition(s)
DHS	Division of Health Services
DMA	Division of Medical Assistance
DME	Durable Medical Equipment
DMH	Department of Mental Health
DOB	Date Of Birth
DRG	Diagnosis Related Grouping
EDS	Electronic Data Service
EOB	Explanation Of Benefits
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
ESC	Error Status Code
FDOS	First Date Of Service
FP	Family Planning
HCFA	Health Care Financing Administration. This is now known as Centers for Medicare and Medicaid Services (CMS).
HCPCS	Health Care Procedural Coding System
HMO	Health Maintenance Organization
ICD	International Classification of Diseases (ICD)
ICF/MR	Intermediate Care Facility for the Mentally Retarded



Acronym	Definition
ICN	Internal Control Number
ID	Identification
IPRS	Integrated Payment and Reporting System
LMA	Local Managing Area
MC	Managed Care
MID	Medicaid Identification number: base identification number assigned to the client by the State.
NDC	National Drug Code
PA	Prior Approval
PAC	Pricing Action Code
PCP	Primary Care Physician
PH	Paid History
POS	Place Of Service
RA	Remittance Advice
RCC	Ratio Cost to Charge
SE	System Engineers
SRN	Service Request Number
SSI	Supplemental Security Income
SSN	Social Security Number
TOS	Type Of Service
TOT	Type Of Treatment
TPL	Third Party Liability
UB	Uniform Bill
UCR	Unit Cost Reimbursement
UPIN	Universal Provider Identification Number
VSAM	Virtual Storage Access Method

### ***Terms/Abbreviations***

Term/Abbreviation	Definition
Xref	Cross reference



## 4. NON-BROWSER COPYBOOKS, FUNCTIONS, AND INTERFACE (SE/MAINFRAME)

These are the “behind-the-scene” SE workings.

### 4.1 Components

#### *Built Data Definition Files*

File Number	Copybook	Description
1.	HMay0604	Claims Receipt Insurance Data
2.	HMay0001	Claims Update File
3.	IPKYXREF	Client ID Cross Reference File
4.	IPVYPX01	Provider Cross Reference File
5.	IPAYECHO (HMDY3051)	IPRS ECHO file

#### 4.1.1 Claims Receipt Insurance Data

##### 4.1.1.1 Copybook HMay0604

The following copybook is a condensed version. It contains all unique line items in sequential order as found in the complete copybook. To view the complete copybook, see the Compact Disk (CD), under the "Copybooks" directory, HMay0604.doc.

RECORD LAYOUT DATASET : PDSRA.HMXCM.IPRSDEV.HOLD.COPY  
MEMBER : HMay0604

----- FIELD LEVEL/NAME -----		--PICTURE--		FLD	START	END	LENGTH
LINK-HEADER-ONE					1	2402	2402
5	LINK-HEADER-ONE	GROUP		1	1	80	80
10	LINK-REC-ID-1H	XX		2	1	2	2
10	LINK-CLM-TYPE	X		3	3	3	1
10	LINK-REGION	XX		4	4	5	2
10	LINK-FIRST-INIT	X		5	6	6	1
10	LINK-LAST-NAME	X(5)		6	7	11	5
10	LINK-RECIP-ID	X(10)		7	12	21	10
10	FILLER	X		8	22	22	1
10	LINK-JOB-INJ-IND	X		9	23	23	1
10	LINK-ACCID-INJ-IND	X		10	24	24	1
10	LINK-AUTO-INJ-IND	X		11	25	25	1
10	LINK-EPSDT-IND	X		12	26	26	1
10	LINK-FAM-PLAN-IND	X		13	27	27	1
10	LINK-PA-NUM	X(11)		14	28	38	11
10	LINK-MED-REC-NUM	X(9)		15	39	47	9
10	FILLER	X		16	48	48	1



10	LINK-DIAG1	X (4)	17	49	52	4
10	LINK-DIAG2	X (4)	18	53	56	4
10	LINK-PROV-NUMBER	GROUP	19	57	64	8
15	LINK-PROV-NUM-NUMERIC	X (7)	20	57	63	7
15	FILLER	REDEFINES LINK-PROV-NUM-NUMERIC				
15	FILLER	GROUP	21	57	63	7
20	LINK-PROV-NUM-6	X (6)	22	57	62	6
20	LINK-PROV-NUM-1	X	23	63	63	1
15	LINK-PROV-NUM-ALPHA	X	24	64	64	1
10	LINK-PROV-NAME	X (5)	25	65	69	5
10	LINK-ATTN-PROV-NUM	X (7)	26	70	76	7
10	LINK-OTH-INS-IND	X	27	77	77	1
10	FILLER	X	28	78	78	1
10	LINK-OVERRIDE-ESC-256	X	29	79	79	1
10	FILLER	X	30	80	80	1
5	LINK-HEADER-ONE-DRUG-NEW	REDEFINES LINK-HEADER-ONE				
5	LINK-HEADER-ONE-DRUG-NEW	GROUP	31	1	80	80
10	LINK-DRUG-REC-ID-NEW	XX	32	1	2	2
10	LINK-DRUG-CLM-TYP-NEW	X	33	3	3	1
10	LINK-DRUG-MID-NEW	X (10)	34	4	13	10
10	LINK-DRUG-RECIP-LAST-NEW	X (5)	35	14	18	5
10	LINK-DRUG-RECIP-FIRST-NEW	X	36	19	19	1
10	LINK-DRUG-PAT-LOC-NEW	X	37	20	20	1
10	FILLER	X (6)	38	21	26	6
10	LINK-DRUG-REFILL-NEW	X	39	27	27	1
10	LINK-DRUG-DEA-ID-NEW	GROUP	40	28	36	9
15	LINK-DRUG-PRES-NAME-NEW	XX	41	28	29	2
15	LINK-DRUG-DEA-NUMBER-NEW	X (7)	42	30	36	7
10	LINK-DRUG-OTHER-COV-2-NEW	9 (7)V99	43	37	45	9
10	FILLER	X (4)	44	46	49	4
10	LINK-VERSION-IND-1R	XX	45	50	51	2
10	LINK-DRUG-RX-NUMBER-NEW	X (7)	46	52	58	7
10	FILLER	X (22)	47	59	80	22
5	LINK-HEADER-ONE-PHYS	REDEFINES LINK-HEADER-ONE				
5	LINK-HEADER-ONE-PHYS	GROUP	48	1	80	80
10	LINK-PHYS-REC-ID-1R	XX	49	1	2	2
10	LINK-PHYS-CLM-TYPE	X	50	3	3	1
10	FILLER	XX	51	4	5	2
10	LINK-PHYS-FIRST-INIT	X	52	6	6	1
10	LINK-PHYS-LAST-NAME	X (5)	53	7	11	5
10	LINK-PHYS-RECIP-ID	X (10)	54	12	21	10
10	LINK-PHYS-RECIP-ID-SUF	X	55	22	22	1
10	LINK-PHYS-JOB-INJ-IND	X	56	23	23	1
10	LINK-PHYS-ACCID-INJ-IND	X	57	24	24	1
10	LINK-PHYS-AUTO-INJ-IND	X	58	25	25	1
10	LINK-PHYS-PA-NUM	X (11)	59	26	36	11
10	LINK-PHYS-MED-REC-NUM	X (9)	60	37	45	9
10	FILLER	XXX	61	46	48	3
10	LINK-PHYS-FIRST-DATE	GROUP	62	49	56	8
15	LINK-PHYS-FIRST-MM	XX	63	49	50	2
15	LINK-PHYS-FIRST-DD	XX	64	51	52	2
15	LINK-PHYS-FIRST-CC	XX	65	53	54	2
15	LINK-PHYS-FIRST-YY	XX	66	55	56	2
10	FILLER	REDEFINES LINK-PHYS-FIRST-DATE				
10	FILLER	GROUP	67	49	56	8
15	FILLER	X (4)	68	49	52	4
15	LINK-PHYS-FIRST-CCYY	X (4)	69	53	56	4



10	LINK-PHYS-PROV-NUMBER	GROUP	70	57	64	8
15	LINK-PHYS-PROV-NUM-NUMERIC	X(7)	71	57	63	7
15	FILLER	REDEFINES LINK-PHYS-PROV-NUM-NUMERIC				
15	FILLER	GROUP	72	57	63	7
20	LINK-PHYS-PROV-NUM-6	X(6)	73	57	62	6
20	LINK-PHYS-PROV-NUM-1	X	74	63	63	1
15	LINK-PHYS-PROV-NUM-ALPHA	X	75	64	64	1
10	LINK-PHYS-PROV-NAME	X(5)	76	65	69	5
10	LINK-PHYS-ATTN-PROV-NUM	X(8)	77	70	77	8
10	LINK-OTH-INS-IND	X	78	78	78	1
10	FILLER	X	79	79	79	1
10	LINK-PHYS-OVERRIDE-ESC-256	X	80	80	80	1
5	LINK-HEADER-TWO	GROUP	81	81	160	80
10	LINK-REC-ID-2H	XX	82	81	82	2
10	LINK-TOT-CHARGE	9(7)V99	83	83	91	9
10	LINK-OTH-INSUR	9(7)V99	84	92	100	9
10	LINK-NET-BILLED	9(7)V99	85	101	109	9
10	LINK-SPEND-DOWN-AMOUNT	9(7)V99	86	110	118	9
10	LINK-DHS-PROG-CD	XX	87	119	120	2
10	FILLER	X(40)	88	121	160	40
5	LINK-HEADER-TWO-DRUG-NEW	REDEFINES LINK-HEADER-TWO				
5	LINK-HEADER-TWO-DRUG-NEW	GROUP	89	81	160	80
10	LINK-DRUG-REC-ID-2D-NEW	XX	90	81	82	2
10	LINK-DRUG-DATE-FILLED-NEW	X(8)	91	83	90	8
10	LINK-DRUG-NDC-NEW	X(11)	92	91	101	11
10	FILLER	99	93	102	103	2
10	LINK-DRUG-DAYS-SUPPLY-NEW	999	94	104	106	3
10	LINK-DRUG-EPSDT-NEW	X	95	107	107	1
10	LINK-DRUG-COMPOUND-IND-NEW	REDEFINES LINK-DRUG-EPSDT-NEW				
10	LINK-DRUG-COMPOUND-IND-NEW	X	96	107	107	1
10	LINK-DRUG-FAM-PLAN-NEW	X	97	108	108	1
10	LINK-DRUG-AMT-BILLED-2-NEW	9(7)V99	98	109	117	9
10	LINK-DRUG-PROV-NAME-2-NEW	X(4)	99	118	121	4
10	LINK-DRUG-PROV-NUMBER-2-NEW	GROUP	100	122	129	8
15	LINK-DRUG-PROV-NUM-N-2-NEW	X(7)	101	122	128	7
15	FILLER	REDEFINES LINK-DRUG-PROV-NUM-N-2-NEW				
15	FILLER	GROUP	102	122	128	7
20	LINK-DRUG-PROV-NUM-6-2-NEW	X(6)	103	122	127	6
20	LINK-DRUG-PROV-NUM-1-2-NEW	X	104	128	128	1
15	LINK-DRUG-PROV-NUM-A-2-NEW	X	105	129	129	1
10	LINK-DRUG-QUANTITY-NEW	9(5)	106	130	134	5
10	FILLER	X(26)	107	135	160	26
5	LINK-HEADER-TWO-PHYS	REDEFINES LINK-HEADER-TWO				
5	LINK-HEADER-TWO-PHYS	GROUP	108	81	160	80
10	LINK-PHYS-REC-ID-2R	XX	109	81	82	2
10	LINK-PHYS-TOT-CHARGE	9(7)V99	110	83	91	9
10	LINK-PHYS-OTH-INSUR	9(7)V99	111	92	100	9
10	LINK-PHYS-NET-BILLED	9(7)V99	112	101	109	9
10	FILLER	X(5)	113	110	114	5
10	LINK-PHYS-BENE-PHONE	GROUP	114	115	124	10
15	LINK-PHYS-AREA-CODE	XXX	115	115	117	3
15	LINK-PHYS-PHONE-NO	X(7)	116	118	124	7
10	LINK-PHYS-DIAGNOSIS	GROUP	117	125	144	20
15	LINK-PHYS-DIAG1	X(5)	118	125	129	5
15	LINK-PHYS-DIAG2	X(5)	119	130	134	5
15	LINK-PHYS-DIAG3	X(5)	120	135	139	5
15	LINK-PHYS-DIAG4	X(5)	121	140	144	5



```
10 LINK-PHYS-DIAG-TABLE REDEFINES LINK-PHYS-DIAGNOSIS
10 LINK-PHYS-DIAG-TABLE(1) OCCURS 4 TIMES
      GROUP          122    125    129    5
      15 LINK-PHYS-DIAG(1) X(5)    123    125    129    5
      10 LINK-PHYS-POST-OP-FROM X(8)    124    145    152    8
      10 LINK-PHYS-POST-OP-TO   X(8)    125    153    160    8
      5 LINK-DETAIL-COUNTER   GROUP    126    161    162    2
      10 LINK-NUM-DETAILS     999    127    161    162    2
      5 LINK-DETAILS(1) OCCURS 1 TO 28 TIMES DEPENDING ON LINK-NUM-DETAILS
      GROUP          128    163    242    80
      10 LINK-ECS-DETAIL(1) X(80)   129    163    242    80
```

#### 4.1.1.2 Data Element Definitions

Data Definition File – Claims Receipt Insurance Data – HMAY0604		
Data Element/Structure	Definition/Explanation	Comments
FILLER		<p>Fillers are generally used to add information or redefine elements.</p> <p>For this copy book some of the fillers redefine the following:</p> <p>“LINK-PROV-NUM-NUMERIC”</p> <p>LINK-PHYS-FIRST-DATE”</p> <p>“LINK-PHYS-PROV-NUM-NUMERIC”</p> <p>“LINK-DRUG-PROV-NUM-N-2-NEW”</p>
LINK-ACCID-INJ-IND	Accident injury indicator	
LINK-ATTN-PROV-NUM	The attending provider's provider number	
LINK-AUTO-INJ-IND	Auto injury indicator	
LINK-CLM-TYPE	The type of claim	
LINK-DETAIL-COUNTER	The total number of details on the claim	
LINK-DETAILS	The claim details	<p>This is usually at copybook level five (5) for a group of following details.</p> <p>Occurs 1 to 28 times depending on “LINK-NUM-DETAILS”.</p>



<b>Data Definition File – Claims Receipt Insurance Data – HMAY0604</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
LINK-DHS-PROG-CD	The Division of Health Services (DHS) prognosis code	
LINK-DIAG1	The primary (first) diagnosis	
LINK-DIAG2	The secondary diagnosis	
LINK-ECS-DETAIL	The detail's Error Status Code (ESC)	Occurs 1 to 28 times depending on "LINK-NUM-DETAILS".
LINK-EPSDT-IND	The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) indicator	
LINK-FAM-PLAN-IND	Indicator identifying this claim as being under family planning	
LINK-FIRST-INIT	The initial of the recipient's first name	
LINK-HEADER-ONE		
LINK-HEADER-ONE-DRUG-NEW		Redefines "LINK-HEADER-ONE".
LINK-HEADER-ONE-PHYS		Redefines "LINK-HEADER-ONE".
LINK-HEADER-TWO-DRUG-NEW		Redefines "LINK-HEADER-TWO".
LINK-HEADER-TWO-PHYS		Redefines "LINK-HEADER-TWO".
LINK-JOB-INJ-IND	Job injury indicator	
LINK-LAST-NAME	The client's last name	
LINK-MED-REC-NUM	The medical record number	
LINK-NET-BILLED	The claim's net amount billed	
LINK-NUM-DETAILS	The number of details on the claim	
LINK-OTH-INS-IND	An indicator identifying other insurance	
LINK-OTH-INSUR	Other insurance provider name	
LINK-OVERRIDE-ESC-256	Override field	
LINK-PA-NUM	Prior Approval (PA) number (Type, Date, Range)	
LINK-PHYS-ACCID-INJ-IND	The physician's injury accident indicator	
LINK-PHYS-AREA-CODE	The physician's telephone area code	
LINK-PHYS-ATTN-	The attending physician's provider number	



<b>Data Definition File – Claims Receipt Insurance Data – HMAY0604</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
PROV-NUM		
LINK-PHYS-AUTO-INJ-IND	Auto injury indicator	
LINK-PHYS-BENE-PHONE	The physician's telephone number	
LINK-PHYS-CLM-TYPE	The physician's claim type	
LINK-PHYS-DIAG	The physician's diagnosis	Occurs four times.
LINK-PHYS-DIAG1	The physician's primary (first) diagnosis	
LINK-PHYS-DIAG2	The physician's second diagnosis	
LINK-PHYS-DIAG3	The physician's third diagnosis	
LINK-PHYS-DIAG4	The physician's fourth diagnosis	
LINK-PHYS-DIAGNOSIS	The physician's diagnosis	
LINK-PHYS-DIAG-TABLE		Occurs four times. Redefines "LINK-PHYS-DIAGNOSIS".
LINK-PHYS-FIRST-DATE	Date physician first saw the patient	
LINK-PHYS-FIRST-INIT	First letter of Physician's first name	
LINK-PHYS-JOB-INJ-IND	Job injury indicator	
LINK-PHYS-LAST-NAME	The physician's last name	
LINK-PHYS-MED-REC-NUM	The physician's medical record number	
LINK-PHYS-NET-BILLED	The physician's net bill	
LINK-PHYS-OTH-INSUR	Other insurance indicator	
LINK-PHYS-OVERRIDE-ESC-256	Override field	
LINK-PHYS-PA-NUM	The physician's Prior Approval (PA) number	
LINK-PHYS-PHONE-NO	The physician's telephone number	
LINK-PHYS-POST-OP-FROM	The physician's first (beginning) postoperative date	
LINK-PHYS-POST-OP-TO	The physician's last (ending) postoperative date	
LINK-PHYS-PROV-NAME	The physician's provider name	
LINK-PHYS-PROV-NUM-1	Seventh digit of the physician's provider number	
LINK-PHYS-PROV-NUM-6	First six positions of the physician's provider	



Data Definition File – Claims Receipt Insurance Data – HMAY0604		
Data Element/Structure	Definition/Explanation	Comments
	number	
LINK-PHYS-PROV-NUM-ALPHA	The physician's first character of the provider number	
LINK-PHYS-PROV-NUMBER	The physician's provider number	
LINK-PHYS-PROV-NUM-NUMERIC	The physician's numeric provider number	
LINK-PHYS-REC-ID-1R	Record number for this physician's record	
LINK-PHYS-REC-ID-2R	Record number for this physician's record	
LINK-PHYS-RECIP-ID	10 digit recipient ID	
LINK-PHYS-RECIP-ID-SUF	Eleventh positon of the recipient's ID	
LINK-PHYS-TOT-CHARGE	The physician's total charge	
LINK-PROV-NAME	The billing provider's name	
LINK-PROV-NUM-1	Seventh digit of the provider number	
LINK-PROV-NUM-6	First six digits of the provider number	
LINK-PROV-NUM-ALPHA	Eighth digit of the providers number	
LINK-PROV-NUMBER	The billing provider's provider number	
LINK-PROV-NUM-NUMERIC	The billing provider's numeric provider number	
LINK-REC-ID-1H	Record ID	

## 4.1.2 Claims Update File

### 4.1.2.1 Copybook HMAY0001

```
***** BEGINNING OF COPY MEMBER HMAY0001 ***** 00010095
***** ***** ***** ***** ***** ***** ***** ***** ***** 00020095
*
*          * 00030095
*          NORTH CAROLINA TITLE XIX ACTIVITY CLAIM RECORD      * 00040095
*          * 00050095
*          !!!!!!! ANY CHANGES TO THIS COPYMEMBER NEED TO BE COMMUNICATED TO * 00000006
*          DSS. PLEASE SEE THE PROCEDURES MANUAL FOR INSTRUCTIONS. *
*          !!!!!!! ASSOCIATED CCOPY MEMBERS ARE:                  * 00060095
*          * HMAY0001 - CLAIM ACTIVITY                         * 00070095
*          * HMAY0002 - OUTPUT ACTIVITY                        * 00080095
*          * HMAY0003 - ACTIVITY HEADER                      * 00090095
*          * HMAY0004 - ACTIVITY DETAIL                      * 00100095
*          * HMAY0005 - ACTIVITY NULL                         * 00110095
*          * HMAY0006 - ACTIVITY TABLE                       * 00120095
*          * HMAY0007 - ACTIVITY SPECIAL DETAIL            * 00121095
```



\*  
\*\*\*\*\*  
03 HEADER-PORTION.  
05 HDR-CONTROL.  
10 RECID PIC S9(03) COMP-3. 00122095  
88 PAY-PEND-DENY-REC VALUE +190. 00502399  
88 INSERT-HIST-REC VALUE +193. 00502499  
88 REJECTED-REC VALUE +194. 00502599  
88 CLAIM-RECORD VALUE +190 +194. 00502699  
10 DTL-CNT PIC S9(04) COMP. 00502799  
ITMETR 10 DTL-CNT-ORIG PIC S9(04) COMP. 00502899  
5795CC 10 SPEC-DTL-CNT PIC S9(04) COMP. 00503499  
ITMETR 10 SEPARATION-COUNT PIC S9(04) COMP. 00503599  
10 CLM-TYPE-NUM PIC S9(04) COMP. 00503699  
88 CTN-DRUG VALUE +01. 00503799  
88 CTN-DRUG-ADJ VALUE +02. 00503899  
88 CTN-MEDICAL VALUE +03. 00503999  
88 CTN-DENTAL VALUE +04. 00504099  
88 CTN-SCREEN VALUE +05. 00504199  
88 CTN-PROFX VALUE +06. 00504299  
88 CTN-PRAC VALUE +07. 00504399  
88 CTN-HOMEH VALUE +08. 00504499  
LB0691 88 CTN-SYS-GEN-CLAIM VALUE +09. 00504599  
88 CTN-PROF-ADJ VALUE +10. 00504699  
88 CTN-INP VALUE +11. 00504799  
88 CTN-NH VALUE +12. 00504899  
88 CTN-INPX VALUE +13. 00504999  
88 NOT-USED-2 VALUE +14. 00505099  
88 CTN-INP-ADJ VALUE +15. 00505199  
88 CTN-OUTP VALUE +16. 00505299  
88 CTN-OUTPX VALUE +17. 00505399  
88 NOT-USED-3 VALUE +18. 00505499  
88 CTN-OUT-ADJ VALUE +19. 00505599  
88 CTN-DRUG-CLAIM VALUE +01 THRU +02. 00505699  
88 CTN-PROF-CLAIM VALUE +03 THRU +10. 00505799  
88 CTN-INST-INPAT-CLAIM VALUE +11 THRU +15. 00505899  
88 CTN-INST-OUTPAT-CLAIM VALUE +16 THRU +19. 00505999  
88 CTN-ADJ VALUE +02 +10 00506099  
+15 +19. 00506199  
00506299  
/  
10 CLM-TYPE-ALPHA PIC X(01). 00506395  
88 CTA-DRUG VALUE 'D'. 00507095  
88 CTA-DRUG-ADJ VALUE 'D'. 00508095  
88 CTA-MEDICAL VALUE 'J'. 00509095  
88 CTA-DENTAL VALUE 'K'. 00510095  
88 CTA-SCREEN VALUE 'L'. 00520095  
88 CTA-PROFX VALUE 'O'. 00530095  
88 CTA-PRAC VALUE 'P'. 00540095  
88 CTA-HOMEH VALUE 'Q'. 00550095  
88 CTA-PROF-ADJ VALUE 'J' 'K' 'L'  
                                  'Q'. 00560095  
                                  'P'. 00570095  
88 CTA-INP VALUE 'S'. 00580095  
88 CTA-NH VALUE 'T'. 00590095  
88 CTA-INPX VALUE 'X'. 00600095  
88 CTA-INP-ADJ VALUE 'S' 'T' 'X'. 00610095  
88 CTA-OUTP VALUE 'M'. 00620095  
88 CTA-OUTPX VALUE 'W'. 00630095  
88 CTA-OUT-ADJ VALUE 'M' 'W'. 00640095  
88 CTA-XOVR VALUE 'O' 'W' 'X'. 00650095  
6013JE 88 CTA-INP-OUTP-XOVR VALUE 'W' 'X'. 00660095  
Y2K02 10 ICN PIC X(15). 00600000  
10 FILLER REDEFINES ICN. 00680095  
15 ICN-REG PIC X(02). 00690095  
88 PT-SALE-CLM-REG VALUE '05'. 00700095  
88 PAPER-CLM-REG VALUE '10' '11' '60'. 00710000  
88 PAYOUT-CLM-REG VALUE '11'.  
88 RESERVED-ITME VALUE '12'.



## Claims Receipt - System Documentation v.1.0

8093CB	88	UTS-TAPE-REG	VALUE '15' '61'.	00720000
	88	TAPE-CLM-REG	VALUE '20'.	00730095
	88	ECS-CLM-REG	VALUE '25'.	00740095
7372CJ	88	EDI-CLM-REG	VALUE '22'.	00750095
8747GH	88	DRUG-CLM-REG	VALUE '05' '30' '31'.	00760095
8747GH	88	PAYOUT-DRUG-REG	VALUE '31'.	
7372CJ	88	DHS-IMMUN-REG	VALUE '32' '35'	00770095
8093CB			'36' '37' '33'.	00780002
	88	TAPE-XOVER-CLM-REG	VALUE '40' '70'.	00790095
8093CB	88	PAPER-SCREEN-REG	VALUE '45' '62'.	00810001
8093CB			'46' '47' '63'.	00810001
6042SC	88	HEALTH-CK-SCREEN-REG	VALUE '42' '45' '62'	00820095
7372CJ			'46' '47' '63'.	00830008
8093CB				00840001
0694LM	88	HEALTH-CK-DHS-ECS-REG	VALUE '32' '36' '33'	00850095
7372CJ			'42' '46' '63'.	00860008
8093CB				00870002
5043CJ	88	SYS-GEN-DSP-REG	VALUE '55'.	00880095
6818DC	88	MCARE-TAPE-ADJ	VALUE '70'.	00890095
LB0691	88	SYS-GEN-CA-REG	VALUE '80'.	00900095
6339SC	88	SYS-GEN-MC-REG	VALUE '82'.	00910095
6344VD	88	SYS-GEN-HC-REG	VALUE '85'.	00920095
6339SC	88	SYS-GEN-MANAGED-CARE-REG	VALUE '80' '82' '85'.	00930095
	88	RESERVED-ITME-ADJ	VALUE '94'.	
6937TR	88	PROF-ADJ-REG	VALUE '90'.	00940095
	88	DRUG-ADJ-REG	VALUE '93' '98'.	00950095
	88	INST-ADJ-REG	VALUE '95'.	00960095
6230SC	88	SYS-GEN-DRG-ADJ-REG	VALUE '96'.	00970095
6230SC			'97'.	00990095
6230SC	88	SYS-GEN-INST-ADJ-REG	VALUE '96' '97'.	01000095
6230SC				01010095
6937TR	88	PT-SALE-DRUG-ADJ-REG	VALUE '98'.	01020095
6937TR				01030095
7233CC	88	ADJUSTMENT-REG	VALUE '90' THRU '99'.	01040095
7372CJ	88	TAPE-ECS-REG	VALUE '15' '20' '22'	01050095
			'25' '32' '36'	01060095
7372CJ			'37' '40' '42'	01070095
6818DC			'46' '47' '70'.	01080095
8747GH	88	PAPER-REGION	VALUE '10' '11' '30'	01090095
8747GH			'31' '35' '45'.	01100095
8747GH	88	ALL-PAYOUT-REGION	VALUE '11' '31'.	
8747GH				
8093CB	88	ENCOUNTER-CLAIM	VALUE '60' '61' '62'	01101003
8093CB			'63' '68' '69'.	01101103
8093DK	88	ENCOUNTER-ADJ	VALUE '68' '69'.	
8093DK	88	ENC-SYS-GEN-ADJ	VALUE '68'.	
8093DK	88	ENC-VOID-ADJ	VALUE '69'.	
				01120000
Y2K01	15	REST-ICN.		01110095
Y2K01	20	ICN-JUL	PIC X(07).	01050000
Y2K01	20	FILLER	REDEFINES ICN-JUL.	01051000
Y2K01	25	FILLER	PIC X(02).	01052000
Y2K01	25	ICN-JUL-R	PIC X(05).	01053000
Y2K01	20	ICN-BATCH	PIC X(03).	01130095
Y2K01	20	ICN-SEQ	PIC X(03).	01140095
				01150095
ITMETR	10	ICN-CKDG	PIC X(01).	01160095
ITMETR	10	FIN-PAYER	PIC X(05).	
ITMETR	10	HDR-POP-PAYER	PIC X(05).	
	88	HDR-POP-PAYER-MULTIPLE	VALUE '*****'.	
Y2K01	10	HDR-FDOS	PIC S9(09) COMP-3.	01111000
Y2K01	10	HDR-TDOS	PIC S9(09) COMP-3.	01131000
	10	HDR-LENGTH-STAY	PIC S9(03) COMP-3.	01190295
	10	HDR-COV-DAYS	PIC S9(03) COMP-3.	01190395
5389SC	10	HDR-NONCOV-DAYS	PIC S9(05) COMP-3.	01190495
6874CS	10	HDR-ELIG-DAYS	PIC S9(03) COMP-3.	01190595
	10	EXAM-CLERK	PIC X(03).	01190695



## Claims Receipt - System Documentation v.1.0

	10	ENTRY-CLERK	PIC X(03).	01190795
	10	CLAIM-AGE	PIC S9(03) COMP-3.	01190895
/				01190995
5389SC	10	HDR-DIAGNOSIS-CODES.		01191095
5693TH	15	HDR-DIAG-CODES.		01192095
5389SC	20	PRIMARY-DIAGNOSIS.		01193095
5389SC	25	HDR-DIAG1	PIC X(04).	01194095
5389SC	25	FILLER	PIC X(02).	01195095
5389SC	20	SECONDARY-DIAGNOSIS.		01197095
5389SC	25	HDR-DIAG2	PIC X(04).	01198095
5389SC	25	FILLER	PIC X(02).	01199095
5389SC	20	DIAGNOSIS-3.		01210095
5389SC	25	HDR-DIAG3	PIC X(04).	01220095
5389SC	25	FILLER	PIC X(02).	01230095
5389SC	20	DIAGNOSIS-4.		01250095
5389SC	25	HDR-DIAG4	PIC X(04).	01260095
5389SC	25	FILLER	PIC X(02).	01270095
5389SC	20	DIAGNOSIS-5.		01290095
5389SC	25	HDR-DIAG5	PIC X(04).	01300095
5389SC	25	FILLER	PIC X(02).	01310095
5389SC	20	DIAGNOSIS-6.		01330095
5389SC	25	HDR-DIAG6	PIC X(04).	01340095
5389SC	25	FILLER	PIC X(02).	01350095
5389SC	20	DIAGNOSIS-7.		01370095
5389SC	25	HDR-DIAG7	PIC X(04).	01380095
5389SC	25	FILLER	PIC X(02).	01390095
5389SC	20	DIAGNOSIS-8.		01410095
5389SC	25	HDR-DIAG8	PIC X(04).	01420095
5389SC	25	FILLER	PIC X(02).	01430095
5389SC	20	DIAGNOSIS-9.		01450095
5389SC	25	HDR-DIAG9	PIC X(04).	01460095
5389SC	25	FILLER	PIC X(02).	01470095
/				01480095
5393TH	15	HDR-DIAGNOSIS-TABLE	REDEFINES	01490095
5693TH		HDR-DIAG-CODES		01500095
5693TH		OCCURS 9 TIMES		01510095
5693TH		INDEXED BY HDR-DIAG-INDX.		01520095
				01530095
5693TH	20	HDR-DIAG-CODE	PIC X(05).	01540095
5693TH	20	FILLER	PIC X(01).	01550095
/				01560095
6656SC	10	FILLER	PIC X(02).	01580095
6656SC	10	HDR-REG-COS	PIC 9(02).	01590095
6656SC	10	FILLER	PIC X(02).	01600095
5389SC	10	HDR-FP-COS	PIC X(02).	01610095
5795CC	10	MED-REC-NUM	PIC X(20).	01630095
	10	DRUG-RX-NUM	PIC X(07).	01640095
Y2K01	10	ADMIT-DATE	PIC S9(09) COMP-3.	01600000
	10	ADMIT-HOUR-OUTP	PIC X(02).	01680095
5795CC	10	DISCH-HOUR	PIC X(02).	01690095
Y2K01	10	SURG-DELIV-DATE	PIC S9(09) COMP-3.	01640000
Y2K01	10	DSCH-DEATH-DATE	PIC S9(09) COMP-3.	01660000
ITMETR	10	HDR-POSTOP-FROM-DATE	PIC S9(09)	11370000
ITMETR			PACKED-DECIMAL.	
ITMETR	10	HDR-POSTOP-TO-DATE	PIC S9(09)	11370000
ITMETR			PACKED-DECIMAL.	
	10	TRANSFER-LOC	PIC X(02).	01740095
	10	HDR-MPAP-OVR	PIC X(01).	01750095
	88	HDR-MP-OVR-T	VALUE 'T'.	01760095
	88	HDR-MP-OVR-2	VALUE '2'.	01770095
	88	HDR-MP-OVR-3	VALUE '3'.	01780095
	88	HDR-MP-OVR-4	VALUE '4'.	01790095
	88	HDR-MP-OVR-VALID	VALUE 'T' '2' '3' '4'.	01800095
	10	HDR-ERR-FIELD-STAT	PIC X(01).	01820095
	88	HDR-ERR-FULL	VALUE 'F'.	01830095
	88	HDR-ERR-DENY	VALUE 'D'.	01840095
	88	HDR-ERR-EDIT-F	VALUE 'E'.	01850095
	88	HDR-ERR-AUDIT-F	VALUE 'A'.	01860095
6162JD	88	HDR-ERR-CLEAN	VALUE ' ' 'T' 'R'.	01870095
	88	HDR-AUDIT-DENY	VALUE 'U'.	01890095
	88	HDR-AUDIT-TEST	VALUE 'T'.	01900095
/				01910095



10	HDR-ERR-TABLE.		01920095	
15	HDR-ERRS	OCCURS 10 TIMES INDEXED BY HDR-ERR-INDX.	01930095 01940095	
20	HDR-ERR-FLAG	PIC X(01).	01950095	
88	HERR-EDIT-F	VALUE 'E'.	01960095	
88	HERR-EDIT-O	VALUE 'F'.	01970095	
88	HERR-AUDIT-F	VALUE 'A'.	01980095	
88	HERR-AUDIT-O	VALUE 'O'.	01990095	
88	HERR-EDIT-DENY	VALUE 'D'.	02000095	
88	HERR-AUDIT-DENY	VALUE 'U'.	02020095	
88	HERR-AUDIT-TEST	VALUE 'T'.	02030095	
6162JD	88	HERR-AUDIT-REPT	VALUE 'R'.	02040095
5944CJ	20	HDR-ERR-NUM	PIC 9(04).	02050095 02060095
10	STATUS-TABLE.		02070095	
15	STATUS-SEG\$	OCCURS 15 TIMES INDEXED BY STAT-SEG-INDX.	02080095 02090095	
20	ST-EXAM-CLERK	PIC X(03).	02100095	
20	ACT-CODE	PIC X(01).	02110095	
88	ACT-ACTIVATION	VALUE 'A'.	02120095	
88	ACT-TRANSFER	VALUE 'B'.	02130095	
88	ACT-ADJUSTMENT	VALUE 'C'.	02140095	
88	ACT-NEW-CLAIM	VALUE 'E'.	02150095	
88	ACT-GREEN-MAINT	VALUE 'F'.	02160095	
88	ACT-BLUE-MAINT	VALUE 'G'.	02170095	
88	ACT-GREEN-AGE	VALUE 'H'.	02180095	
88	ACT-BLUE-AGE	VALUE 'I'.	02190095	
88	ACT-GREEN-SHEET	VALUE 'J'.	02200095	
88	ACT-BLUE-SHEET	VALUE 'K'.	02210095	
88	ACT-MACHINE-RECYCLE		02220095	
		VALUE 'L'.	02220095	
88	ACT-SENT-TO-MPAP		02230095	
		VALUE 'M'.	02230095	
88	ACT-ELIG-WORK	VALUE 'W'.	02240095	
88	ACT-REQUEST-REPRINT		02250095	
		VALUE 'R'.	02250095	
20	LOC-CODE	PIC X(02).	02260095	
20	LOC-TYPE	PIC X(01).	02270095	
88	PREMACHINE	VALUE '1'.	02280095	
88	EXCEPT-RTE	VALUE '2'.	02290095	
88	GREEN-SHEET	VALUE '3'.	02300095	
88	BLUE-SHEET	VALUE '4'.	02310095	
88	MACHINE-SUS	VALUE '5'.	02320095	
88	APPR-TO-PAY	VALUE '6'.	02330095	
88	SPECIAL-RET	VALUE '7'.	02340095	
88	SPECIAL-CLM	VALUE '8'.	02350095	
88	FINAL-DISP	VALUE '9'.	02360095	
Y2K01	20	LOC-DATE	PIC S9(09) COMP-3.	02310000
	20	LOC-AGE	PIC S9(03) COMP-3.	02390095
	20	PRM-ERR-FLG	PIC X(01).	02400095
	88	PRM-EDIT	VALUE 'E' 'D'.	02410095
	88	PRM-AUDIT	VALUE 'A' 'U'.	02420095
5944CJ	20	PRIME-ERR	PIC X(04).	02430095
6939RX	10	E266-ERR	PIC X(01).	02440095
6939RX	10	LOC-25-IND	PIC X(01).	02450095
6939RX	10	BUYIN-STAT	PIC X(01).	02460095
6939RX	10	BUYIN-RANGE	PIC X(01).	02470095
6939RX	88	BEFORE-BUYIN	VALUE IS '1'.	02480095
6939RX	88	DURING-BUYIN	VALUE IS '2'.	02490095
6939RX	88	AFTER-BUYIN	VALUE IS '3'.	02500095
0497MO	88	NO-VALID-BUYIN	VALUE IS '4'.	02510095
0497MO	88	DURING-PRIOR-BUYIN	VALUE IS '5'.	02520095
5389SC	10	COMMENTS	PIC X(50).	02530095
Y2KACT	10	FILLER	PIC X(01).	02471000
Y2K01	10	FIRST-TREAT-DATE	PIC S9(09) COMP-3.	02510000
6042SC	10	NEXT-SCREEN-DATE	REDEFINES FIRST-TREAT-DATE	02572095
Y2K01			PIC S9(09) COMP-3.	02530000 02574095
				02575095
*				* 02576095
*		HEADER RECIPIENT DATA SECTION		* 02577095
*				* 02578095



		*****	02579095	
			02580095	
	05	HDR-BENE-DATA.	02590095	
			02600095	
	10	BENE-ID.	02610095	
6656SC	15	BENE-LIV-ARR	PIC X(02).	02620095
	15	FILLER	PIC X(01).	02630095
	15	BENE-CNTY	PIC X(02).	02640095
	15	BENE-MID.		02650095
	20	BENE-SSN	PIC X(09).	02660095
	20	BENE-ALPHA	PIC X(01).	02670095
ITMETR	10	BENE-SUBMITTED-MID.		02680095
	20	BENE-SUBM-SSN	PIC X(09).	02690095
	20	BENE-SUBM-ALPHA	PIC X(01).	02700095
	20	BENE-SUBM-SUFFIX	PIC X(01).	02700095
ITMETR	10	BENE-ELIG-SOURCE-PAYER	PIC X(05).	
5389SC	10	BENE-ORIG-SSN	PIC S9(09) COMP-3.	02710095
	10	BENE-FULL-NAME.		02720095
	15	E-BENE-LASTNAME.		02730095
	20	K-BENE-LASTNAME	PIC X(05).	02740095
	20	FILLER	PIC X(08).	02750095
	15	E-BENE-FSTNAME.		02760095
	20	K-BENE-FSTINIT	PIC X(01).	02770095
	20	FILLER	PIC X(09).	02780095
6656SC	15	E-BENE-MIDINIT	PIC X(01).	02790095
Y2K01	10	FILLER	PIC X(01).	02800095
	10	BENE-DOB	PIC S9(09) COMP-3.	02740000
	10	BENE-SEX	PIC X(01).	02850095
	88	SEX-MALE	VALUE 'M'.	02860095
	88	SEX-FEMALE	VALUE 'F'.	02870095
	88	SEX-UNKNOWN	VALUE ' '.	02880095
	10	BENE-HIC.		02890095
	15	BENE-RR-SSN	PIC X(09).	02900095
	15	HIC-SUFFIX	PIC X(03).	02910095
	10	BENE-RACE	PIC X(01).	02920095
	88	BENE-WHITE	VALUE 'W'.	02930095
	88	BENE-BLACK	VALUE 'B'.	02940095
	88	BENE-AM-IND	VALUE 'I'.	02950095
	88	BENE-ASIAN	VALUE 'A'.	02960095
	88	BENE-HISPANIC	VALUE 'H'.	02970095
	88	BENE-OTHER	VALUE 'O'.	02980095
DK0285	10	BENE-PYMT-CODE	PIC X(01).	02990095
DK0285	88	PYMT-N-SUSPENSE	VALUE '0'.	03000095
DK0285	88	1-PYMT-MONTHLY	VALUE '1'.	03010095
DK0285	88	2-PYMT-MONTHLY	VALUE '2'.	03020095
DK0285	88	OPEN-SHUT	VALUE '5'.	03030095
DK0285	88	NO-CHECK-ISSUED	VALUE '6'.	03040095
DK0285	88	FC-REIMB-ONLY	VALUE '7'.	03050095
DK0285	88	VENDOR-PYMT-ONLY	VALUE '8'.	03060095
DK0285	88	MED-ASSIST-ONLY	VALUE '9'.	03070095
	10	BENE-PGM.		03080095
	15	BENE-BUDGET-AID	PIC X(01).	03090095
	88	BENE-AFDC	VALUE 'A'.	03100095
	88	BENE-SFHF	VALUE 'H'.	03110095
	88	BENE-TITLE-IV-E	VALUE 'I'.	03120095
	88	BENE-MEDICAID	VALUE 'M'.	03130095
	88	BENE-NC-SAF	VALUE 'N'.	03140095
	88	BENE-REFUGEE	VALUE 'R'.	03150095
	88	BENE-SPEC-ASSIST	VALUE 'S'.	03160095
	88	BENE-ADOPT-PLACE	VALUE 'P'.	03170095
	15	BENE-AID-CAT	PIC X(02).	03180095
	88	BENE-AID-AGED	VALUE 'AA'.	03190095
	88	BENE-AID-BLIND	VALUE 'AB'.	03200095
	88	BENE-AID-DISABLED	VALUE 'AD'.	03210095
	88	BENE-AID-FDC	VALUE 'AF'.	03220095
	88	BENE-ADOPT-GRAND	VALUE 'AG'.	03230095
	88	BENE-ADOPT-SUB	VALUE 'AS'.	03240095
	88	BENE-CERT-DISAB	VALUE 'CD'.	03250095
	88	BENE-CERT-FC	VALUE 'CF'.	03260095
	88	BENE-FOST-CARE	VALUE 'FC'.	03270095
	88	BENE-REAS-CLASS	VALUE 'RC'.	03280095
	88	BENE-AID-REF	VALUE 'RF'.	03290095



## Claims Receipt - System Documentation v.1.0

	88	BENE-SA-BLIND	VALUE 'SB'.	03300095
	88	BENE-AID-SFHF	VALUE 'SF'.	03310095
2961RC	88	BENE-PREG-WOMEN	VALUE 'PW'.	03320095
2961RC	88	BENE-INF-CHILD	VALUE 'IC'.	03330095
3381RC	88	BENE-CATASTROPHIC	VALUE 'QB'.	03340095
	15	BENE-MONEY	PIC X(01).	03350095
	88	BENE-SLMB	VALUE 'B'.	03360095
	88	BENE-CAT-NEED	VALUE 'C'.	03370095
8318MO	88	BENE-MQBE	VALUE 'E'.	03370095
3381RC	88	BENE-ILL-NON-IMM	VALUE 'F'.	03380095
3381RC	88	BENE-LT18-CAT-NO	VALUE 'G'.	03390095
3381RC	88	BENE-GT18-CAT-NO	VALUE 'H'.	03400095
3381RC	88	BENE-PW-CAT-NO	VALUE 'I'.	03410095
3381RC	88	BENE-REF-CAT-NO	VALUE 'J'.	03420095
	88	BENE-MED-NEED	VALUE 'M'.	03430095
	88	BENE-NO-MONEY	VALUE 'N'.	03440095
3381RC	88	BENE-ILL-MED-NEED	VALUE 'O'.	03450095
3381RC	88	BENE-LT18-MED-NEED	VALUE 'P'.	03460095
3381RC	88	BENE-CATAST-CLASS	VALUE 'Q'.	03480095
3381RC	88	BENE-GT18-MED-NEED	VALUE 'R'.	03490095
3381RC	88	BENE-REF-CAT-NOMON	VALUE 'S'.	03510095
3381RC	88	BENE-REF-MED-NEED	VALUE 'T'.	03530095
	88	BENE-NOT-APPLY	VALUE 'X'.	03540095
	15	BENE-SSI-STAT	PIC X(01).	03550095
6370RW	88	BENE-ELIG-NOT	VALUE 'N' 'S'.	03560095
	88	BENE-ELIG-SSI	VALUE 'Y'.	03570095
5389SC	10	BENE-PMT-TYPE	PIC X(01).	03580095
	10	BENE-FAM-STATUS	PIC X(01).	03590095
	88	BENE-ADULT	VALUE 'A'.	03600095
	88	BENE-PARENT	VALUE 'P'.	03610095
	88	BENE-INCAPAC-PARENT	VALUE 'I'.	03620095
	88	BENE-STEPPARENT	VALUE 'S'.	03630095
	88	BENE-OTHER-RELATIVE	VALUE 'O'.	03640095
	88	BENE-NEEDY-SPOUSE	VALUE 'N'.	03650095
	88	BENE-ESSENTIAL-PERSON	VALUE 'E'.	03660095
	88	BENE-CHILD	VALUE 'C'.	03670095
	88	BENE-ALL-ADULT	VALUE 'A' 'P' 'I' 'S' 'O' 'N' 'E'.	03680095 03690095
6042SC	10	BENE-PHONE.		03700095
6042SC	15	BENE-AREA-CODE	PIC 9(03).	03710095
6042SC	15	BENE-PHONE-NO	PIC 9(07).	03720095
Y2K01	10	LAST-SCRN-DATE	PIC S9(09) COMP-3.	03671000
	10	LAST-SCRN-REF	PIC X(01).	03750095
	88	SCRN-HACTION	VALUE '1'.	03760095
	88	SCRN-REF-DIAG	VALUE '2'.	03770095
	88	SCRN-REF-TREAT	VALUE '3'.	03780095
Y2K02	10	PA-NUM	PIC X(11).	03721000
5389SC	10	PA-FILLER	PIC X(09).	03800095
ITMETR	10	PA-SRN-NUMBER	PIC X(13).	
ITMETR	10	PA-ERR-IND	PIC X(01).	08240095
ITMETR	88	PA-ERR-NOT-SET	VALUE ' '.	08250095
ITMETR	88	NO-PA-DENY	VALUE '1'.	08260095
ITMETR	88	NO-PA-IN-STATE	VALUE '2'.	08270095
ITMETR	88	NO-PA-OUT-STATE	VALUE '3'.	08280095
ITMETR	88	DATE-PRIOR-PA	VALUE '4'.	08290095
ITMETR	88	DATE-AFTER-PA	VALUE '5'.	08300095
ITMETR	88	EXT-DATE-SUSP	VALUE '6'.	08300095
ITMETR	88	EXT-DATE-DENY	VALUE '7'.	08300095
	10	TPL-POL-HLDR-NAME.		03810095
	15	TPL-POL-HLDR-NAME-1ST	PIC X(10).	03820095
	15	TPL-POL-HLDR-NAME-MI	PIC X(01).	03821095
	15	TPL-POL-HLDR-NAME-LAST		03822095
			PIC X(13).	03823095
	10	TPL-POL-NUM	PIC X(18).	03824095
	10	TPL-COMP-CODE	PIC X(03).	03825095
5389SC	10	FILLER	PIC X(01).	03826095
1084PH	10	REFUGEE-IND	PIC X(01).	03827095
1084PH	88	REFUGEE	VALUE '1'.	03828095
	10	MCARE-A-IND	PIC X(01).	03829095
	88	MCARE-A-IND-YES	VALUE 'G' 'P' 'Y' 'Z'.	03830095
	10	MCARE-B-IND	PIC X(01).	03840095
	88	MCARE-B-IND-YES	VALUE 'G' 'P' 'Y' 'Z'.	03850095



3656CC	10	BENE-CAP-IND	PIC X(02).	03860095
	88	BENE-CAP-CHILDREN	VALUE 'CC'.	03870095
6820RE	88	BENE-CAP-CHILDREN-HOS	VALUE 'HC'.	03880095
6820RE	88	BENE-CAP-CHILDREN-ICF	VALUE 'IC'.	03890095
6820RE	88	BENE-CAP-CHILDREN-SNF	VALUE 'SC'.	03900095
	88	BENE-CAP-ICF	VALUE 'CI'.	03910095
	88	BENE-CAP-MR	VALUE 'CM'.	03920095
	88	BENE-CAP-SNF	VALUE 'CS'.	03930095
6820RE	88	BENE-CAP-AIDS-ICF	VALUE 'AI'.	03940095
6820RE	88	BENE-CAP-AIDS-SNF	VALUE 'AS'.	03950095
5492GD	88	BENE-CAP-ELIG	VALUE 'CC' 'CI' 'CM' 'CS'	03960095 03970095
6820RE			'HC' 'IC'	03980095
6820RE			'SC' 'AI'	03990095
6820RE			'AS'.	04000095
ITMETR	10	HDR-BENE-EXT-COVERAGE	PIC X(01).	
ITMETR	88	HDR-BENE-EXT-FLOYD	VALUE 'F'.	
ITMETR	10	HDR-CA-SPECIAL-EXEMPT	PIC X(01).	
ITMETR	88	HDR-CA-EXEMPT-FLOYD	VALUE 'F'.	
ITMETR	10	HDR-SBHC-IND	PIC X(01).	
ITMETR	10	HDR-SBHC-SPONSOR	PIC X(13).	
ITMETR	10	HMO-FP-EDIT-IND	PIC X(01).	04066095
ITMETR	88	HMO-FP-EDIT-YES	VALUE 'Y'.	04067095
ITMETR	10	FILLER	PIC X(10).	04068095 04040095
				04040095
			*****	04080095
*				* 04090095
*			HEADER PROVIDER DATA SECTION	* 04091095
*				* 04092095
			*****	04093095
				04094095
	05	HDR-PROV-DATA.		04095095
	10	PROV-PSRO-NUM	PIC X(03).	04096095
	10	ATTN-PROVNUM.		04097095
5389SC	15	ATTN-PROV-N	PIC X(07).	04098095
5389SC	15	FILLER	PIC X(06).	04099095
5389SC	10	REF-PROVNUM	PIC X(08).	04100095
5889CJ	10	FILLER REDEFINES		REF-PROVNUM.
5889CJ	15	REF-PROV-6	PIC X(06).	04120095
5889CJ	15	FILLER	PIC X(02).	04130095
5389SC	10	FILLER	PIC X(05).	04140095
ITMETR	10	PROV-ENROLL-SOURCE-PAYER	PIC X(05).	
	10	BILL-PROVNUM.		04160095
	15	BILL-PROV-N	PIC X(07).	04170095
	15	BILL-CC	PIC X(01).	04180095
5889CJ	10	FILLER REDEFINES		BILL-PROVNUM.
5889CJ	15	BILL-PROV-6	PIC X(06).	04200095
5889CJ	15	FILLER	PIC X(02).	04210095
5389SC	10	FILLER	PIC X(05).	04220095
ITMETR	10	<b>SUBMITTED-PROVNUM</b>	PIC X(08).	
ITMETR	10	FILLER	PIC X(05).	
ITMETR	10	BILL-PROV-START-DATE	PIC S9(09) COMP-3.	
ITMETR	10	BILL-PROV-END-DATE	PIC S9(09) COMP-3.	
	10	BILL-PROVNAME.		04240095
	15	BILL-NAME4	PIC X(04).	04250095
	15	FILLER	PIC X(01).	04260095
	10	FILLER REDEFINES		BILL-PROVNAME.
	15	BILL-NAME2	PIC X(02).	04270095
	15	FILLER	PIC X(03).	04280095
6656SC	10	PROV-STATE-CODE	PIC X(02).	04320095
	10	PROV-CNTY-B	PIC S9(03) COMP-3.	04330095
	10	PROV-AREA-B	PIC S9(03) COMP-3.	04340095
6307MB	10	PROV-TYPE-B	PIC X(03).	04350095
6741KK	88	PROV-TYPE-ASC	VALUE '029'.	04360095
6811KK	88	PROV-TYPE-B-DOM	VALUE '009'.	04370095
6339SC	88	PROV-TYPE-B-HMO	VALUE '051'.	04380095
6307MB	10	PROV-SPEC-B	PIC X(03).	04390095
6307MB	10	PROV-SPEC-P	PIC X(03).	04400095
	10	PROV-STAT-B	PIC X(02).	04410095
Y2K01	10	PROV-STAT-DATE-B	PIC S9(09) COMP-3.	04360000
	10	PROV-REIMBRATE-B	PIC S9(01)V9999 COMP-3.	04422095



## Claims Receipt - System Documentation v.1.0

3920CC	10	DSP-RATIO	PIC S9(01)V9999 COMP-3.	04423095
	10	DEA-NUM	PIC X(09).	04425095
5389SC	10	PROV-UPIN	PIC X(06).	04426095
5389SC	10	MAMM-CERT-NUM	PIC X(10).	04427095
5389SC	10	CLIA-CERT-NUM	PIC X(10).	04428095
6013TH	10	MCARE-HDR-DATA-1.		04429095
6013TH	15	MCARE-PROV-NUM	PIC X(13).	04430095
Y2K16	15	MCARE-ICN	PIC S9(18) COMP-3. MCARE-HDR-DATA-1.	04424100
8093CB	10	FILLER REDEFINES		04441005
8093CB	15	ENC-PROV-NUM	PIC X(13).	04442005
8093CB	15	FILLER	PIC X(10).	04443005
9355AK	10	FILLER REDEFINES	MCARE-HDR-DATA-1.	04441005
9355AK	15	FILLER	PIC X(13).	04442005
9355AK	15	DHS-ICN	PIC S9(18) COMP-3.	04442005
6013TH	10	MCARE-HDR-DATA-2.		04460095
6013TH	15	MCARE-ASSIGN	PIC X(01).	04470095
Y2K01	15	MCARE-PAY-DATE	PIC S9(09) COMP-3.	04429000
6013TH	15	MCARE-TOT-BILL	PIC S9(07)V99 COMP-3.	04500095
6013TH	15	MCARE-TOT-COINS	PIC S9(07)V99 COMP-3.	04510095
6013TH	15	MCARE-TOT-DED	PIC S9(05)V99 COMP-3.	04520095
6013TH	15	MCARE-NONCOV-AMT	PIC S9(07)V99 COMP-3.	04530095
6013TH	15	MCARE-TOT-PAY	PIC S9(07)V99 COMP-3.	04540095
6013TH	15	MCARE-TOT-ALLOW	PIC S9(07)V99 COMP-3.	
ITMETR	15	MCARE-STATUS	PIC X(01).	04550095
ITMETR	88	MC-EXHAUST	VALUE '1'.	04560095
6013TH	88	MC-UTIL-COMM	VALUE '2'.	04570095
6013TH	88	MC-NON-CERT	VALUE '3'.	04580095
6013TH	88	MC-NO-PRIOR	VALUE '4'.	04590095
6013TH	88	MC-INELG-PROV	VALUE '5'.	04600095
6013TH	88	MC-INELG-BENE	VALUE '6'.	04610095
6013TH	88	MC-REDUCED	VALUE '7'.	04620095
6013TH	88	MC-NOT-COV	VALUE '8'.	04621095
6013TH	88	MC-PAID	VALUE '9'.	04622095
6656SC	15	MCARE-EOB	PIC X(04).	04623095
4509MW	10	PRIORITY-INDICATOR	PIC X(01).	04624095
4509MW	10	NUM-TIMES-HELD	PIC X(01).	04625095
4509MW	10	NUM-TIMES-HELD-NUM REDEFINES		04626095
		NUM-TIMES-HELD	PIC 9(01).	04627095
4509MW	10	BILLED-STATE	PIC X(01).	04628095
4509MW	88	BILLED-STATE-YES	VALUE 'Y'.	04629095
				04629195
5795CC	10	PROV-SIGN-IND	PIC X(01).	04629995
5795SC	10	FEDERAL-TAX-ID.		04630095
5795SC	15	FILLER	PIC X(04).	04640095
5795SC	15	PROV-TAX-ID	PIC X(10).	04650095
6307MB	10	PROV-SPEC-A	PIC X(03).	04660095
6741KK	88	PROV-SPEC-A-61	VALUE '061'.	04670095
6666TH	10	PROV-TYPE-A	PIC X(03).	04680095
6741KK	88	PROV-TYPE-A-16	VALUE '016'.	04690095
6741KK	88	PROV-TYPE-A-34	VALUE '034'.	04700095
NCCLJF	10	PROV-ATTEND-REQ-AREA	PIC X(01).	04710095
NCCLJF	88	PROV-ATTEND-REQ	VALUE 'Y'.	04710095
				04720095
***** * 04730095				
*				* 04740095
*				* 04750095
ITMETR*		HEADER EOB AND CUTBACK AMOUNTS SECTION		* 04760095
ITMETR*		EOB CODES WILL USE THE FIN-PAYER	TO OBTAIN	* 04760095
ITMETR*		DESCRIPTIONS.		* 04760095
				***** 04770095
				04780095
	05	HDR-EOBS-CUTS.		04790095
5389SC	10	HDR-MAJ-EOB-NUM	PIC S9(05) COMP-3.	04800095
ITMETR	10	HDR-MAJ-EOB-NUM-HIPAA	PIC S9(05) COMP-3.	04800095
	10	HDR-MAJ-EOB-STAT	PIC X(01).	04810095
5389SC	10	HDR-EOB-OCCURS	OCCURS 9 TIMES	04820095



## Claims Receipt - System Documentation v.1.0

5389SC		INDEXED BY HDR-EOB-INDX.	04830095	
5389SC	15	HDR-MAJ-EOB-EXPAND	PIC S9(05) COMP-3.	04840095
5389SC	15	HDR-MAJ-STAT-EXPAND	PIC X(01).	04841095
	10	HDR-KEY-EOB-NUM	PIC S9(05) COMP-3.	04842095
	10	HDR-KEY-EOB-STAT	PIC X(01).	04843095
	10	HDR-KEY-EOB-CONF	PIC X(01).	04844095
	10	HDR-MPAP-CUT-EOB	PIC S9(05) COMP-3.	04845095
5773SC	10	HDR-MPAP-CUT-AMT	PIC S9(07)V99 COMP-3.	04846095
5773SC	10	HDR-INS-CUT-EOB	PIC S9(05) COMP-3.	04847095
5773SC	10	HDR-INS-CUT-AMT	PIC S9(07)V99 COMP-3.	04848095
5773SC	10	HDR-PROF-COMP-CUT-EOB	PIC S9(05) COMP-3.	04849095
	10	HDR-PROF-COMP-CUT-AMT	PIC S9(01)V99 COMP-3.	04850095
	10	HDR-LIAB-CUT-EOB	PIC S9(05) COMP-3.	04860095
	10	HDR-LIAB-CUT-AMT	PIC S9(05)V99 COMP-3.	04870095
	10	HDR-LEG-CUT-EOB	PIC S9(05) COMP-3.	04880095
5773SC	10	HDR-LEG-CUT-AMT	PIC S9(07)V99 COMP-3.	04890095
5773SC	10	HDR-MH-CUT-AMT	PIC S9(07)V99 COMP-3.	04900095
5773SC	10	HDR-COPAY-CUT-EOB	PIC S9(05) COMP-3.	04910095
	10	HDR-COPAY-CUT-AMT	PIC S9(05)V99 COMP-3.	04920095
	10	HDR-SPEND-CUT-EOB	PIC S9(05) COMP-3.	04930095
	10	HDR-SPEND-CUT-AMT	PIC S9(05)V99 COMP-3.	04940095
ITMETR	10	HDR-PROV-DISC-AMT	PIC S9(05)V99 COMP-3.	04940095
				04950095
*****				04970095
*				* 04980095
*	HEADER MONEY FIELDS SECTION			* 04990095
*				* 05000095
*	A. HDR-TOT-BILL	= KEYED TOTAL BILLED AMOUNT		* 05010095
*				* 05020095
*	B. HDR-NET-BILL	= SUMMATION OF DETAIL NET BILLED *		* 05030095
*				* 05040095
*	C. HDR-ALLOW-AMT	= SUMMATION OF DETAIL ALLOWED AMT *		* 05050095
*				* 05060095
*	D. HDR-G-PAYABLE	= SUMMATION OF DETAIL GROSS PAYABLE *		* 05070095
*				* 05080095
*	E. HDR-N-PAYABLE	= SUMMATION OF DETAIL NET PAYABLE *		* 05090095
*				* 05100095
*	F. HDR-PAID-AMT	= SUMMATION OF DETAIL PAID AMTS *		* 05120095
*				* 05130095
*	G. HDR-NONCOV-AMT	= SUMMATION OF DETAIL NONCOVERED AMT		* 05140095
*				* 05150095
*	H. HDR-PROF-COMP	= PROFESSIONAL COMPONENT ON DRUG CLAIMS		* 05160095
*				* 05170095
*	I. HDR-INS-AMT	= KEYED TPL AMOUNT		* 05180095
*				* 05190095
*	J. HDR-PAT-LIAB-AMT	= KEYED PATIENT LIABILITY AMOUNT		* 05200095
*				* 05210095
*	K. HDR-SPEND-AMT	= KEYED TOTAL SPENDOWN AMOUNT		* 05220095
*				* 05230095
*	L. HDR-FP-PCT	= PLUGGED FAMILY PLANNING % - VALUES OF 0%, 50%, 100%		* 05240095
*				* 05250095
*	M. HDR-LEG-LIMIT-PCT	= SYSTEM PLUGGED LEGISLATIVE LIMIT PERCENT.		* 05260095
*				* 05270095
*	* - SEE DETAIL MONEY FIELD DEFINITIONS			* 05280095
*				* 05290095
*				* 05300095
05	HDR-MONEY-FIELDS.			* 05310095
10	HDR-TOT-BILL	PIC S9(07)V99		* 05320095
				05330095
				05340095
				05350095
				05360095



			COMP-3.		
ITMETR	10	HDR-TOT-BILL-ORIG	PIC S9(07)V99 COMP-3.	05360095	
ITMETR	10	HDR-NET-BILL	PIC S9(07)V99 COMP-3.	05370095	
	10	HDR-ALLOW-AMT	PIC S9(07)V99 COMP-3.	05380095	
	10	HDR-G-PAYABLE-AMT	PIC S9(07)V99 COMP-3.	05390095	
	10	HDR-N-PAYABLE-AMT	PIC S9(07)V99 COMP-3.	05400095	
	10	HDR-PAID-AMT	PIC S9(07)V99 COMP-3.	05410095	
	10	HDR-NONCOV-AMT	PIC S9(07)V99 COMP-3.	05420095	
5389SC	10	HDR-PROF-COMP	PIC S9(03)V99 COMP-3.	05430095	
5389SC					
5773SC	10	HDR-INS-AMT	PIC S9(07)V99 COMP-3.	05440095	
5773SC					
8551SC	10	HDR-MCAID-SHARE	PIC S9(09)V99 COMP-3.	08340095	
8551SC					
	10	HDR-PAT-LIAB-AMT	PIC S9(05)V99 COMP-3.	05450095	
	10	HDR-SPEND-AMT	PIC S9(05)V99 COMP-3.	05460095	
Y2K01	10	HDR-SPEND-DTE	PIC S9(09) COMP-3.	05410000	
	10	HDR-FP-PCT	PIC S9(01)V99 COMP-3.	05490095	
	88	HDR-FP-PCT-ZERO	VALUE +0.	05500095	
	88	HDR-FP-PCT-50	VALUE +0.50.	05510095	
	88	HDR-FP-PCT-100	VALUE +1.	05520095	
	10	HDR-LEG-LIMIT-PCT	PIC S9(01)V9999 COMP-3.	05530095	
ITMETR	10	PAYOUT-FUNDING-CODE	PIC X(04).		
ITMETR	10	FILLER	PIC X(01).		
				05540095	
			/*****	05560095	
*				*	05570095
*				*	05580095
*				*	05590095
			*****	05600095	
				05610095	
				05620095	
				05630095	
	05	HDR-MISC-INDICATORS.			
	10	ACTION-CDE	PIC X(01).	05640095	
	88	ACTION-ACTIVATION	VALUE 'A'.	05650095	
	88	ACTION-TRANSFER	VALUE 'B'.	05660095	
	88	ACTION-ADJUSTMENT	VALUE 'C'.	05670095	
	88	ACTION-NEW-CLAIM	VALUE 'E'.	05680095	
	88	ACTION-GREEN-MAINT	VALUE 'F'.	05690095	
	88	ACTION-BLUE-MAINT	VALUE 'G'.	05700095	
	88	ACTION-GREEN-AGE	VALUE 'H'.	05710095	
	88	ACTION-BLUE-AGE	VALUE 'I'.	05720095	
	88	ACTION-GREEN-SHEET	VALUE 'J'.	05730095	
	88	ACTION-BLUE-SHEET	VALUE 'K'.	05740095	
	88	ACTION-MACHINE-RECYCLE	VALUE 'L'.	05750095	
	88	ACTION-SENT-TO-MPAP	VALUE 'M'.	05760095	
	88	ACTION-ELIG-WORK	VALUE 'W'.	05770095	
	88	ACTION-REQUEST-REPRINT	VALUE 'R'.	05780095	
				05790095	
	10	NEWCLM-IND	PIC X(01).	05800095	
	88	NEW-DAY	VALUE 'N'.	05810095	
	88	OLD-CLAIM	VALUE ' '.	05820095	
	10	MINI-CYC-IND	PIC X(01).	05830095	
	88	MINI-CYC-CLM	VALUE '1'.	05840095	
	88	MPAP-CYC-CLM	VALUE '2'.	05850095	
	10	EMERG-IND	PIC X(01).	05860095	
	88	EMERG-YES	VALUE 'Y'.	05870095	
	88	EMERG-NO	VALUE 'N' ' '.	05880095	
	10	DHS-IND	PIC X(01).	05890095	
	88	DHS-PROV-YES	VALUE 'Y'.	05900095	
	88	DHS-PROV-NO	VALUE ' '.	05910095	



## Claims Receipt - System Documentation v.1.0

	10	EPSDT-DHS-IND	PIC X(01).	05920095
	88	CREAT-DHS-CLAIM	VALUE '1'.	05930095
6042SC	88	CREAT-EPSDT-CLAIM	VALUE '2'.	05940095
6042SC	88	CREAT-BOTH	VALUE '3'.	05950095
	10	EPSDT-SCRN-IND	PIC X(01).	05960095
	88	SCRN-INITIAL	VALUE 'I'.	05970095
	88	SCRN-NULL	VALUE ' '.	05980095
Y2K01	10	NEXT-SCRN-MMYY	PIC X(06).	05921000
6656SC	10	REF-IND	PIC X(01).	06000095
6656SC	88	REF-YES	VALUE 'Y'.	06010095
6656SC	10	IMMUNIZE-STAT	PIC X(01).	06020095
6656SC	88	IMMUNIZE-CURRENT	VALUE 'Y'.	06030095
6656SC	88	IMMUNIZE-NOTCURR	VALUE 'N'.	06040095
6230BH	10	PATIENT-STATUS	PIC X(02).	06050095
"	88	PS-HOME-SELF CARE	VALUE '01'.	06070095
"	88	PS-SHTRM-HOSP	VALUE '02'.	06080095
"	88	PS-SNF	VALUE '03'.	06090095
"	88	PS-ICF	VALUE '04'.	06100095
"	88	PS-INOUT-PATIENT	VALUE '05'.	06110095
"	88	PS-HOME-HLTHSRVC	VALUE '06'.	06120095
"	88	PS-LEFT-MEDCLCARE	VALUE '07'.	06121095
"	88	PS-HOME-IV	VALUE '08'.	06122095
"	88	PS-INPATIENT-HOSP	VALUE '09'.	06123095
"	88	PS-DISCHRG-ST-LVL	VALUE '10' THRU '19'.	06124095
"	88	PS-DECEASE	VALUE '20'.	06125095
"	88	PS-DECEASE-ST-LVL	VALUE '21' THRU '29'.	06126095
"	88	PS-PATIENT	VALUE '30'.	06127095
"	88	PS-PATIENT-ST-LVL	VALUE '31' THRU '39'.	06128095
"	88	PS-DECEASE-HOME	VALUE '40'.	06129095
"	88	PS-DECEASE-MED	VALUE '41'.	06130095
"	88	PS-DECEASE-UNKN	VALUE '42'.	06140095
"	88	PS-DISCHARGED	VALUE '01' THRU '09'	06150095
"			'10' THRU '19'.	06160095
"	88	PS-EXPIRED	VALUE '20' THRU '29'	06170095
"			'40' THRU '42'.	06180095
"	88	PS-STILL-PATIENT	VALUE '30' THRU '39'.	06190095
7784DK	88	PS-VALID	VALUE '01' THRU '42'.	06200099
6230CJ	88	PS-TRANSFERS	VALUE '02' THRU '06'	06210095
			'08'.	06210095
6230CJ	10	TYPE-BILL-IND	PIC X(01).	06220095
	10	SOURCE-IND	PIC X(01).	06230095
	88	DDE-ENTRY	VALUE 'D'.	06240095
	88	TAPE-BILLING	VALUE 'T'.	06250095
	88	NURSING-INPT	VALUE 'N'.	06260095
6937TR	88	PT-SALE-BATCH-INPT	VALUE 'P'.	06270095
	10	MCARE-BI-COV-IND	PIC X(01).	06280095
	88	MCARE-BI-COV-YES	VALUE '1'.	06290095
	88	MCARE-BI-COV-NO	VALUE '0'.	06300095
	88	MCARE-BI-SEGS-YES	VALUE '1' '0'.	06310095
	88	MCARE-BI-SEGS-NO	VALUE ' '.	06320095
	10	TAD-CHECKWRITE-IND	PIC X(01).	06330095
	88	NO-CHECKWRITE	VALUE 'X'.	06340095
	10	STATUS-IND	PIC X(01).	06350095
	88	CLEAN-STATUS	VALUE ' '.	06360095
	88	PAID-STATUS	VALUE '1'.	06370095
8093CB	88	DENY-STATUS	VALUE '2' 'A'.	06380006
	88	RET-STATUS	VALUE '3'.	06390095
8093CB	88	EDIT-STATUS	VALUE '4' 'P' 'S' 'B'.	06400007
	88	AUDIT-STATUS	VALUE '5'.	06410095
8093CB	88	PEND-STATUS	VALUE '4' '5' '7'	06420007
			'P' 'S' 'B'.	06421007
	88	DATA-C-STATUS	VALUE '6'.	06430095
	88	DUP-STATUS	VALUE '7'.	06440095
	88	MPAP-STATUS	VALUE '5' '7'.	06450095
7784DK	88	PA-AUDIT-STATUS	VALUE 'X'.	06451099
8093CB	88	ENC-PROV-STATUS	VALUE 'P'.	06452000
8093CB	88	ENC-SUSP-STATUS	VALUE 'S'.	06453000
8093CB	88	ENC-CYCLE-STATUS	VALUE 'B'.	06454000
8093CB	88	ENC-DENY-STATUS	VALUE 'A'.	06454106
	10	INS-IND	PIC X(01).	06460095
	88	INS-YES	VALUE 'Y'.	06470095
	88	INS-NO	VALUE 'N' ' '.	06480095



10	EMPL-ACC-IND	PIC X(01).	06490095
88	EMPLOY-REL	VALUE 'E'.	06491095
88	ACCIDENT	VALUE 'A'.	06492095
88	NOT-E-A	VALUE ' '.	06493095
10	PULL-158-OVR	PIC X(01).	06494095
88	INS-ESC-158	VALUE '1'.	06495095
88	INS-N-ESC-158	VALUE ' '.	06496095
10	PULL-PROC-SUSPECT	PIC X(01).	06497095
88	PULL-PROC-YES	VALUE '1'.	06498095
88	PULL-PROC-NO	VALUE ' '.	06499095
10	PULL-ACCIDENT-SUSP	PIC X(01).	06500095
88	PULL-ACCID	VALUE '1'.	06510095
88	PULL-NOT-ACCID	VALUE ' '.	06520095
10	PULL-ELIG-INS	PIC X(01).	06530095
88	PULL-ELIG-YES	VALUE '1'.	06540095
88	PULL-ELIG-NO	VALUE ' '.	06550095
10	PULL-INS-CLM	PIC X(01).	06560095
88	PULL-LCLMNS-Y	VALUE '1'.	06570095
88	PULL-LCLMNS-N	VALUE ' '.	06580095
10	PULL-HDR-DIAG	PIC X(01).	06590095
88	PULL-DIAG-YES	VALUE '1'.	06600095
88	PULL-DIAG-NO	VALUE ' '.	06610095
10	ADJ-SUPP-PAY-IND	PIC X(01).	06620095
88	RECOUP-REPAY	VALUE 'R'.	06630095
88	SUPP-PAY-HST	VALUE 'I'.	06640095
88	FUL-RECOUP-HST	VALUE 'F'.	06650095
88	FUL-RECOUP-NHIST	VALUE 'N'.	06660095
88	SUPP-PAY-NHST	VALUE 'P'.	06670095
88	NEG-ADJ	VALUE 'R' 'F' 'N'.	06680095
88	POS-ADJ	VALUE 'I' 'P' 'G'.	06700095
9546FM	88 PCG-PROV-ADJ	VALUE 'G'.	06700095
ITMETR	10 HDR-SPECIAL-PRICING-IND	PIC X(01).	08310095
ITMETR	88 HDR-SP-RCC	VALUE '1'.	08320095
ITMETR	88 HDR-SP-PERDIEM	VALUE '2'.	08330095
ITMETR	10 HDR-PTS-REQS-MODS	PIC X(01).	07930095
ITMETR	88 HDR-PTS-NO-REQ-MODS	VALUE ' '.	07940095
ITMETR	88 HDR-PTS-REQ-MODS	VALUE '1'.	07950095
10	TEST-AUDIT-IND	PIC X(01).	06720095
88	TEST-AUDIT	VALUE 'T'.	06730095
10	BUYIN-IND	PIC X(01).	06740095
3761RC	88 BUY-ONGOING-A	VALUE 'A'.	06750095
3761RC	88 BUY-ONGOING-B	VALUE 'B'.	06760095
10	DENY-DUPE-IND	PIC X(01).	06770095
NCCLDK	88 DUPE-PREV-DENIED-CLM	VALUE '1' '2'.	06780095
NCCLDK	88 DUPE-PREV-DENY-CLM	VALUE '1'.	06780095
NCCLDK	88 DUPE-PREV-CUR-DENY	VALUE '2'.	06780095
NCCLDK	88 DUPE-CUR-DENIED-CLM	VALUE '3'.	06780095
10	ADM-TYPE-IND	PIC X(01).	06790095
88	ADM-TYPE-EMERG	VALUE '1'.	06800095
88	ADM-TYPE-URGENT	VALUE '2'.	06810095
88	ADM-TYPE-ELECTIVE	VALUE '3'.	06820095
88	ADM-TYPE-NEWBORN	VALUE '4'.	06830095
5795CC	10 ADMIT-SOURCE	PIC X(01).	06840095
10	RA-PRINT-IND	PIC X(01).	06850095
88	RA-PRINT-NO	VALUE 'N'.	06860095
88	RA-PRINT-YES	VALUE 'Y'.	06870095
10	UNIFORM-BILL-INDICATOR	PIC X(01).	06880095
88	UB82-CLAIM	VALUE '1'.	06890095
5795CC	88 UB92-CLAIM	VALUE '2'.	06900095
5795CC	88 UB-CLAIM	VALUE '1' '2'.	06910095
10	EXCLUDE-LIM-IND	PIC X(01).	06920095
88	EXCLUDE-LIM-AUD	VALUE '1'.	06930095
3920CC	10 DSP-INDICATOR	PIC X(01).	06940095
5042TF	88 DSP-QUALIFIED	VALUE '1' '2' '3' '4'.	06950095
5042TF	88 CONTAINS-DSP-MONIES	VALUE '1' '2' '3'.	06970095
5042TF	88 DSP-HOSP-MONIES	VALUE '1'.	06980095
5042TF	88 DSP-HOSP-ADD-5PERC	VALUE '2'.	06990095
5042TF	88 NON-DSP-HOSP-ADD-5PERC	VALUE '3'.	07000095
5042TF	88 NON-DSP-HOSP	VALUE '4'.	07010095
LB0191	10 CA-IND	PIC X(01).	07020095



LB0191	88	CA-CLAIM	VALUE '1'.	07030095
LB0191	88	EXEMPT-FROM-CA	VALUE '2'.	07040095
LB0191	88	NOT-CA-CLAIM	VALUE '3'.	07050095
LB0691	88	GENERATED-CA-CLAIM	VALUE '4'.	07060095
5389SC	10	PURGE-IND	PIC X(01).	07070095
5389SC	88	NORMAL	VALUE ''.	07080095
5389SC	88	AFTER-2YRS	VALUE '2'.	07090095
5389SC	88	AFTER-3YRS	VALUE '3'.	07100095
5389SC	88	AFTER-5YRS	VALUE '5'.	07110095
5389SC	88	AFTER-10YRS	VALUE 'A'.	07120095
5389SC	88	LIFETIME	VALUE 'L'.	07130095
5793GD	10	PAT-LIAB-IND	PIC X(01).	07150095
5793GD	88	PAT-LIAB-BLANK	VALUE 'B'.	07160095
5793LR	10	PAT-LIAB-CONTIG-IND	PIC X(01).	07170095
5793LR	88	PAT-LIAB-CONTIGUOUS	VALUE 'C'.	07180095
6162JD	10	REPT-AUDIT-IND	PIC X(01).	07200095
6162JD	88	REPT-AUDIT	VALUE 'R'.	07210095
5389SC	10	RX-LIMIT-EXEMPT-IND	PIC X(01).	07230095
5389SC	10	COPAY-EXEMPT-IND	PIC X(01).	07250095
6656SC	10	NON-AMB-STMT-IND	PIC X(01).	07270095
6656SC	10	HEAR-AID-EVAL-FORM-IND	PIC X(01).	07290095
6656SC	10	NUM-PTS-SEEN	PIC S9(03) COMP-3.	07301095
6656SC	10	CONTRACT-PROV-IND	PIC X(02).	07303095
6656SC	10	LONG-TERM-CARE-IND	PIC X(01).	07305095
				07140095
		***** POINT OF SALE INFORMATION *****		07308095
				07309095
				07310095
				07320095
6656SC	05	POINT-OF-SALE-DATA.		07321095
6656SC	10	POS-DUR-CONFLICT OCCURS 3 TIMES		07322095
6656SC		INDEXED BY POS-DUR-CONF-INDEX.		07323095
6656SC	15	POS-DUR-CONF-CODE	PIC X(02).	07324095
6656SC	10	POS-DUR-INTRVN-CODE	PIC X(02).	07325095
6656SC	10	POS-DUR-OUTCM-CODE	PIC X(02).	07326095
6656SC	10	POS-CMPD-IND	PIC X(01).	07327095
6656SC	10	FILLER	PIC X(10).	07327195
				07327295
		*****		07327495
*				* 07327595
*		HEADER ADJUSTMENT DATA FROM THE ORIGINAL CLAIM		* 07327695
*				* 07327795
		*****		07327895
				07327995
05	HDR-ADJ-DATA.			07328095
10	OHDR-PROVNUM.			07328195
15	OHDR-PROV-NUM	PIC X(07).		07328295
15	OHDR-PROV-ALPHA	PIC X(01).		07328395
10	FILLER	PIC X(05).		07328495
10	OHDR-BENE-NUM.			07328595
6656SC	15	FILLER	PIC X(01).	07328695
	15	OHDR-BENE-CNTY	PIC X(02).	07328795
	15	OHDR-BENE-MID	PIC X(10).	07328895
6656SC	10	FILLER	PIC X(02).	07328995
6656SC	10	OHDR-REG-COS	PIC X(02).	07329095
6656SC	10	FILLER	PIC X(02).	07330095
	10	OHDR-FP-COS	PIC X(02).	07340095
Y2K02	10	OHDR-ICN	PIC S9(15) COMP-3.	07328600
ITMETR	10	OHDR-FIN-PAYER	PIC X(05).	
Y2K01	10	OHDR-PAYDATE	PIC S9(09) COMP-3.	07328800
Y2K01	10	OHDR-FDOS	PIC S9(09) COMP-3.	07329000
Y2K01	10	OHDR-TDOS	PIC S9(09) COMP-3.	07340000
	10	OHDR-BILL-AMT	PIC S9(07)V99 COMP-3.	07420095
	10	OHDR-PAID-AMT	PIC S9(07)V99 COMP-3.	07430095
	10	OHDR-FP-PCT	PIC S9(01)V99 COMP-3.	07440095
	10	OHDR-LIAB	PIC S9(05)V99 COMP-3.	07450095
5773SC	10	OHDR-INS	PIC S9(07)V99 COMP-3.	07460095
5773SC				



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	10 OHDR-COPAY	PIC S9(05)V99 COMP-3.	07470095
	10 OHDR-SPND	PIC S9(05)V99 COMP-3.	07480095
ITMETR	10 OHDR-MCAID-SHARE	PIC S9(09)V99 COMP-3.	08340095
ITMETR	10 OHDR-NON-MCAID-SHARE	PIC S9(09)V99 COMP-3.	08340095
ITMETR	10 OHDR-BENE-PGM.		07490095
	15 OHDR-BENE-BUDGET-AID PIC X(01).		07500095
	88 OHDR-BENE-AFDC VALUE 'A'.		07510095
	88 OHDR-BENE-SFH VALUE 'H'.		07520095
	88 OHDR-BENE-TITLE-IV-E VALUE 'I'.		07530095
	88 OHDR-BENE-MEDICAID VALUE 'M'.		07540095
	88 OHDR-BENE-NC-SAF VALUE 'N'.		07550095
	88 OHDR-BENE-REFUGEE VALUE 'R'.		07560095
	88 OHDR-BENE-SPEC-ASSIST VALUE 'S'.		07570095
	88 OHDR-BENE-ADOPT-PLACE VALUE 'P'.		07580095
	15 OHDR-BENE-AID-CAT PIC X(02).		07590095
	88 OHDR-BENE-AID-AGED VALUE 'AA'.		07600095
	88 OHDR-BENE-AID-BLIND VALUE 'AB'.		07610095
	88 OHDR-BENE-AID-DISABLED VALUE 'AD'.		07620095
	88 OHDR-BENE-AID-FDC VALUE 'AF'.		07630095
	88 OHDR-BENE-ADOPT-GRAND VALUE 'AG'.		07640095
	88 OHDR-BENE-ADOPT-SUB VALUE 'AS'.		07650095
	88 OHDR-BENE-CERT-DISAB VALUE 'CD'.		07660095
	88 OHDR-BENE-CERT-FC VALUE 'CF'.		07670095
	88 OHDR-BENE-FOST-CARE VALUE 'FC'.		07680095
	88 OHDR-BENE-REAS-CLASS VALUE 'RC'.		07690095
	88 OHDR-BENE-AID-REF VALUE 'RF'.		07700095
	88 OHDR-BENE-SA-BLIND VALUE 'SB'.		07710095
	88 OHDR-BENE-AID-SFH VALUE 'SF'.		07720095
2961RC	88 OHDR-BENE-PREG-WOMEN VALUE 'PW'.		07730095
2961RC	88 OHDR-BENE-INF-CHILD VALUE 'IC'.		07740095
3381RC	88 OHDR-BENE-CATASTOPHIC VALUE 'QB'.		07750095
	15 OHDR-BENE-MONEY PIC X(01).		07760095
5389SC	88 OHDR-BENE-SLMB VALUE 'B'.		07770095
	88 OHDR-BENE-CAT-NEED VALUE 'C'.		07780095
8318MO	88 OHDR-BENE-MQBE VALUE 'E'.		07780095
3381RC	88 OHDR-BENE-ILL-NON-IMM VALUE 'F'.		07790095
3381RC	88 OHDR-BENE-LT18-CAT-NO VALUE 'G'.		07800095
3381RC	88 OHDR-BENE-GT18-CAT-NO VALUE 'H'.		07810095
3381RC	88 OHDR-BENE-PW-CAT-NO VALUE 'I'.		07820095
3381RC	88 OHDR-BENE-REF-CAT-NO VALUE 'J'.		07830095
	88 OHDR-BENE-MED-NEED VALUE 'M'.		07840095
	88 OHDR-BENE-NO-MONEY VALUE 'N'.		07850095
3381RC	88 OHDR-BENE-ILL-MED-NEED VALUE 'O'.		07860095
3381RC	88 OHDR-BENE-LT18-MED-NEED VALUE 'P'.		07870095
3381RC	88 OHDR-BENE-CATAST-CLASS VALUE 'Q'.		07880095
3381RC	88 OHDR-BENE-GT18-MED-NEED VALUE 'R'.		07890095
3381RC	88 OHDR-BENE-REF-CAT-NOMON VALUE 'S'.		07900095
3381RC	88 OHDR-BENE-REF-MED-NEED VALUE 'T'.		07910095
	88 OHDR-BENE-NOT-APPLY VALUE 'X'.		07920095
	15 OHDR-BENE-SSI-STAT PIC X(01).		07930095
6370RW	88 OHDR-BENE-ELIG-NOT VALUE 'N' 'S'.		07940095
	88 OHDR-BENE-ELIG-SSI VALUE 'Y'.		07950095
5389SC	10 OHDR-BENE-PMT-TYPE PIC X(01).		07960095
			07970095
	/*****		07980095
	*		* 07990095
	*		* 08000095
	*		* 08010095
	*****		08020095
			08030095
	05 HDR-DUPE-DATA.		08040095
Y2K02	10 HDR-DUPE-ICN PIC S9(15) COMP-3.		07980000
ITMETR	10 HDR-DUPE-ICN-PAYER PIC X(05).		
Y2K01	10 HDR-DUPE-CKDATE PIC S9(09) COMP-3.		08000000
5389SC	10 HDR-DUPE-EOB PIC S9(05) COMP-3.		08080095
	88 HDR-DUPE-PAID VALUE +21.		08090095
	88 HDR-DUPE-PEND VALUE +22.		08100095
			08110095



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*****
*          HEADER EXPANSION SECTION
*
*      THIS SECTION IS DESIGNATED FOR FUTURE EXPANSION OF THE
*      CLAIM RECORD. IF YOU ADD ANYTHING IN THIS SECTION,
*      PLEASE SPECIFY HERE THE SECTION TO WHICH IT SHOULD BE
*      MOVED WHEN THE NEXT CLAIM RECORD EXPANSION OCCURS.
*
***** 08120095
*          08130095
*          08140095
*          08150095
*          08160095
*          08170095
*          08180095
*          08190095
*          08200095
***** 08210095
*          08220095
5389SC    05  HDR-EXP.          08230095
ITMETR     10  CA-PCPNO        PIC X(08).          04629295
ITMETR     10  FILLER REDEFINES  CA-PCPNO.        04629395
ITMETR     15  CA-PCPNO-6      PIC X(06).          04629495
ITMETR     15  FILLER          PIC X(02).          04629595
ITMETR     10  FILLER          PIC X(05).          04629695
ITMETR     10  CA-PCP-SPEC     PIC X(03).          04629795
ITMETR     10  CA-PCP-TYPE     PIC X(03).          04629895
9513FM    10  HDR-STATE-IND   PIC X(01).          0462995
9513FM    88  HDR-IN-STATE    VALUE 'I'.
9513FM    88  HDR-OUT-OF-STATE  VALUE 'O'.
ITMETR     10  FILLER          PIC X(354).         08341095
/
03  DETAIL-PORTION          08341195
ITMETR           OCCURS 1 TO 38 TIMES          08341295
ITMETR           DEPENDING ON DTL-CNT          08341395
ITMETR           INDEXED BY DTL-INDX.          08341495
ITMETR           04 LEVEL BELOW USED EXCLUSIVELY TO DEFINE FULL DETAIL * 08341895
ITMETR           LENGTH TO ALLOW REDEFINE BY XOVER-DETAIL LATER.      * 08341995
ITMETR           THE INDENTATION STANDARDS WERE SACRIFICED FOR SPACE.    * 08342095
***** 08343095
*          08344095
04 STD-DETAIL.              08345095
05 DTL-CONTROL.            08346095
ITMETR     10  DTL-NUM          PIC X(02).          08347095
ITMETR     10  DTL-NUM-ORIG     PIC X(02).          08348095
ITMETR     10  DTL-POP-PAYER    PIC X(05).
ITMETR     10  DTL-OTHER-FIN-PAYER-IND  PIC X(01).
ITMETR     88  DTL-OTHER-FIN-PAYER   VALUE 'Y'.
ITMETR     10  DTL-STAT-IND     PIC X(01).          08349095
ITMETR     88  DTL-CLEAN-STATUS   VALUE ' '.
ITMETR     88  DTL-PAID-STATUS    VALUE '1'.
ITMETR     88  DTL-DENIED-STATUS  VALUE '2'.
ITMETR     88  DTL-UNPRICED-STATUS  VALUE '3'.
Y2K01      10  DTL-FDOS         PIC S9(09) COMP-3.  08348000
Y2K01      10  DTL-TDOS         PIC S9(09) COMP-3.  08350000
5389SC    10  DTL-DIAG         PIC X(05).          08430095
6656SC    10  FILLER          PIC X(02).          08440095
6811KK    10  DTL-COS          PIC X(02).          08450095
ITMETR     10  DTL-PRECARE      PIC S9(03) COMP-3.  08470095
ITMETR     10  DTL-POSTCARE     PIC S9(03) COMP-3.  08480095
ITMETR     10  DTL-FP-IND       PIC X(01).
ITMETR     88  DTL-FP-YES       VALUE 'Y'.          08500095
ITMETR     88  DTL-FP-NO        VALUE 'N'.          08510095
8948FS    88  DTL-FP-IMPOT-AGE-EXEMPT  VALUE 'I'.  08520095
9318DD    88  DTL-FP-MCARE-EXEMPT   VALUE 'O'.  08520095
ITMETR     10  PA-IND          PIC X(01).          08540095
9514DK***  88  PA-ROUTINE      VALUE '1'.          08550095
9514DK***  88  PA-REQUIRED     VALUE '2'.          08560095
9514DK    88  PA-ROUTINE      VALUE 'N'.
9514DK    88  PA-REQUIRED     VALUE 'R'.
9514DK***  88  PA-EMERG       VALUE '3'.          08570095
9514DK***  10  DENTAL-SVC-CODE  REDEFINES          08580095
9514DK***  88  PA-IND          PIC X(01).          08590095
9514DK***  88  DNLT-ROUTINE    VALUE '1'.          08600095
9514DK***  88  DNLT-REQUIRED   VALUE '2'.          08610095
9514DK***  88  DNLT-EMERG     VALUE '3'.          08620095
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ITMETR	10	DTL-NO-OVERRIDE-IND	PIC X(01).	08630095	
ITMETR	10	DTL-LATE-BILL-IND	PIC X(01).	12841000	
5389SC	10	DTL-NUM-SVCS	PIC S9(07) COMP-3.	08640095	
	10	DTL-COV-DAYS	REDEFINES DTL-NUM-SVCS	08650095	
5389SC	10	DTL-NONCOV-DAYS	PIC S9(07) COMP-3.	08660095	
6656SC	10	DTL-IOPR-LEFT	PIC X(02).	08690095	
6656SC	10	DTL-IOPR-RIGHT	PIC X(02).	08700095	
6656SC	10	DTL-START-TIME	PIC S9(04).	08710095	
6656SC	10	DTL-STOP-TIME	PIC S9(04).	08720095	
6656SC	10	DTL-XOVER-IND	PIC X(01).	08730095	
	10	DTL-TOS	PIC X(01). 88 TOS-ANESTHESIA 88 TOS-ASST-SURG 88 TOS-OTHER-RVS 88 TOS-DENTAL 88 TOS-SPLIT-BILL 88 TOS-HOMEH-NEW 88 TOS-HOMEH-USED 88 TOS-HOMEH-PODIATRY 88 TOS-OTHER-SMA 88 TOS-ACCOM 88 TOS-ANCILL 88 TOS-HOMEH-RENTAL 88 TOS-BLOOD 88 TOS-DRUG 88 TOS-MCARE 88 TOS-PERDIEM 88 TOS-OUT-OF-STATE 88 TOS-RADIOLOGY-COMP 88 TOS-UNITS-ONE	08750095 VALUE '1'. VALUE '2'. VALUE '3'. VALUE '4'. VALUE '5'. VALUE '6'. VALUE '8'. VALUE '9'. VALUE 'A'. VALUE 'B'. VALUE 'C'. VALUE 'D'. VALUE 'M'. VALUE 'P'. VALUE 'S'. VALUE 'T'. '1' '9' 'A' 'B' 'C' 'D' 'M' 'P' 'S' 'T'. PIC X(01). VALUE ' '. VALUE '1' '2'. VALUE '2'. PIC X(05). PIC X(02). PIC X(01). VALUE '1'. VALUE '2'. VALUE '3'. VALUE '4'. VALUE '5'. VALUE '6'. VALUE '7'. VALUE '8'. VALUE '9'. VALUE 'P'. VALUE 'B'. VALUE 'I'. PIC X(02). PIC X(05). PIC X(05). PIC X(04). PIC X(02). PIC X(02). PIC X(01). PIC X(02). PIC X(11). PIC X(02). PIC X(05). PIC X(02). PIC X(05). PIC X(01). REDEFINES	08640095 08650095 08660095 08680095 08690095 08700095 08710095 08720095 08730095 08750095 08760095 08770095 08780095 08790095 08800095 08810095 08820095 08830095 08840095 08850095 08860095 08870095 08880095 08890095 08900095 08910095 08920095 08930095 08940095 08950095 08950095 07930095 07950095 07940095 07940095 08960000 08970095 08980095 08990095 09000095 09010095 09020095 09030095 09040095 09050095 09060095 09070095 09080095 09080095 12840200 09090095 09100095 09110095 09120095 09130095 09140095 09150095 09160095 09170095 09180095 09190095 09200095 09210095 09220095 09230095 09240095 09250095



		DTL-NDC-PCODE-DATA.	09260095
	15	DTL-UB82-PCODE.	09270095
	20	FILLER PIC X(02).	09280095
	20	DTL-REVENUE-CODE PIC X(03).	09290095
	15	DTL-BILL-TYPE.	09300095
	20	DTL-UB82-ACCOM-CODE PIC X(02).	09310095
8093CB	20	DTL-BILL-TYPE-3RD PIC X(01).	09320004
	15	FILLER PIC X(05).	09330095
			09340095
0485CC	10	DTL-LAB-UB82-DATA REDEFINES DTL-NDC-PCODE-DATA.	09350095
0485CC	15	DTL-LAB-UB82-PCODE.	09360095
0485CC	20	FILLER PIC X(05).	09370095
0485CC	15	DTL-LAB-BILL-TYPE.	09380095
0485CC	20	FILLER PIC X(03).	09390095
0485CC	15	DTL-LAB-K-PCODE.	09400095
7355CB	20	DTL-LAB-REV-CODE PIC X(05).	09410095
			09420095
2958DR	10	DTL-HH-UB82-DATA REDEFINES DTL-NDC-PCODE-DATA.	09440095
2958DR	15	DTL-HH-UB82-PCODE.	09450095
2958DR	20	FILLER PIC X(05).	09460095
2958DR	15	DTL-HH-BILL-TYPE.	09470095
2958DR	20	FILLER PIC X(03).	09480095
2958DR	15	DTL-HH-K-PCODE.	09490095
2958DR	20	FILLER PIC X(02).	09500095
2958DR	20	DTL-HH-REV-CODE PIC X(03).	09510095
			09520095
			09530095
/			
6042SC	10	DTL-PCODE-MODIFIER OCCURS 10 TIMES INDEXED BY PCODE-MOD-INDX.	09540095
6042SC	15	DTL-PCODE-MOD PIC X(02).	09550095
8915GH	88	VALID-SCREEN-MOD VALUE 'ZD' 'ZL' 'Z1' 'Z2' 'Z3' 'Z4'	09560095
8915GH		'Z5' 'Z6' 'Z7'.	09570095
8915GH	88	VALID-IMMUN-MOD VALUE 'Y1' 'Y2' 'Y3' 'Y4' 'Y5' 'Y6' 'Y7'	09590095
8915GH		'X1' 'X2' 'X3' 'X4'	09600095
8915GH		'X5' 'X6' 'X7'.	09610095
8915GH	88	VALID-CONTRA-MOD VALUE 'ZT' 'ZP' 'ZR'.	09620095
6042SC	88	VALID-DIAG1-MOD VALUE '1N'.	09630095
8915VH	88	VALID-DIAG2-MOD VALUE 'XO' 'XF' 'ZF'.	09640095
8915VH	88	VALID-DIAG3-MOD VALUE 'XO' 'XF' 'ZF'.	09650095
8915VH	88	VALID-DIAG4-MOD VALUE 'XO' 'XF' 'ZF'.	09660095
8915VH	88	VALID-DIAG2-REF VALUE 'XO'.	09670095
8915VH	88	VALID-DIAG3-REF VALUE 'XO'.	09680095
8915VH	88	VALID-DIAG4-REF VALUE 'XO'.	09690095
8915GH	88	VALID-REF-OTHER VALUE 'ZD' 'ZL' 'Z1' 'Z2' 'Z3' 'Z4'	09700095
8915GH		'Z5' 'Z6' 'Z7'.	09730095
6042SC	15	FILLER REDEFINES DTL-PCODE-MOD.	09760095
6042SC	20	DTL-PROC-CODE-MOD1 PIC X(01).	09780095
8915GH	88	VALID-DIAG-MOD VALUE 'X'.	09800095
6042SC	20	DTL-PROC-CODE-MOD2 PIC X(01).	09820095
8915GH	88	VALID-DIAG-MOD2 VALUE 'O' 'F'.	09830095
5389SC	10	DTL-PH-IND PIC X(01).	09831295
5389SC	88	DTL-PH-EYE-IND VALUE 'E'.	09831395
5389SC	88	DTL-PH-DENT-IND VALUE 'D'.	09831495
5389SC	88	DTL-PH-OPT-IND VALUE 'O'.	09831595
5389SC	88	DTL-PH-DME-IND VALUE 'M'.	09831695
5389SC	88	DTL-PH-OV-IND VALUE 'V'.	09831795
5389SC	88	DTL-PH-XRAY-IND VALUE 'X'.	09831895
10	DTL-MPAP-OVR PIC X(01).	09832095	
	88 DTL-MP-OVR-T VALUE 'T'.	09833095	
	88 DTL-MP-OVR-2 VALUE '2'.	09834095	
	88 DTL-MP-OVR-3 VALUE '3'.	09835095	
	88 DTL-MP-OVR-4 VALUE '4'.	09836095	
	88 DTL-MP-OVR-VALID VALUE 'T' '2' '3' '4'.	09837095	
		09838095	
10	DTL-ERR-FIELD-STAT PIC X(01).	09840095	
6162JD	88 DTL-ERR-CLEAN VALUE ' ' 'T' 'R'.	09850095	
	88 DTL-ERR-FULL VALUE 'F'.	09870095	



	88	DTL-ERR-EDIT-F	VALUE 'E'.	09880095
	88	DTL-ERR-AUDIT-F	VALUE 'A'.	09890095
	88	DTL-ERR-DENY	VALUE 'D'.	09900095
	88	DTL-AUDIT-DENY	VALUE 'U'.	09910095
	88	DTL-AUDIT-TEST	VALUE 'T'.	09920095
	88	DTL-AUDIT-REPT	VALUE 'R'.	09930095
6162JD	10	DTL-ERR-TABLE.		09950095
	15	DTL-ERRS	OCCURS 10 TIMES INDEXED BY DTL-ERR-INDX.	09960095
	20	DTL-ERR-FLAG	PIC X(01).	09980095
	88	DERR-EDIT-F	VALUE 'E'.	09990095
	88	DERR-EDIT-O	VALUE 'F'.	10000095
	88	DERR-AUDIT-F	VALUE 'A'.	10010095
	88	DERR-AUDIT-O	VALUE 'O'.	10020095
	88	DERR-EDIT-DENY	VALUE 'D'.	10030095
	88	DERR-AUDIT-DENY	VALUE 'U'.	10040095
	88	DERR-AUDIT-TEST	VALUE 'T'.	10050095
	88	DERR-AUDIT-REPT	VALUE 'R'.	10060095
6162JD	20	DTL-ERR-NUM	PIC 9(04).	10070095
5944CJ				10080095
5389SC	10	DTL-DRUG-DATA.		10090095
5389SC	15	DTL-GENERIC	PIC X(06).	10100095
ITMETR	15	DTL-DRUG-GCN-SEQ-NO	PIC 9(06).	12740095
ITMETR	15	FILLER	PIC X(07).	12750095
ITMETR	15	DTL-DRUG-COST	PIC S9(05)V99 COMP-3.	12760095
ITMETR	15	DTL-THER-CLAS-2	PIC X(02).	10120095
	15	DTL-RX-REFILL	PIC X(01).	10130095
	88	RX-REFILL	VALUE 'R'.	10140095
	88	RX-ORIGINAL	VALUE 'O'.	10150095
7543MB	88	RX-SAME-MONTH-REFILL	VALUE 'S'.	10160095
				10170095
5389SC	15	DTL-DAYS-SUPPLY	PIC S9(03) COMP-3.	10180095
5389SC	15	DTL-GENERIC-MULTI	PIC X(01).	10190095
5389SC	15	DTL-GENERIC-PROD	PIC X(01).	10200095
5389SC	15	DTL-DAW-IND	PIC X(01).	10210095
5389SC	88	DAW-IND-Y	VALUE 'Y'.	10220095
5389SC	88	DAW-IND-N	VALUE 'N'.	10230095
6656SC	15	DTL-METRIC-QTY	PIC S9(05) COMP-3.	10240095
6656SC	15	DTL-UCR	PIC S9(05)V99 COMP-3.	10250095
6656SC	15	DTL-METRIC-DEC-QTY	PIC S9(06)V999 COMP-3.	10260095
6656SC	15	DTL-LEVEL-OF-SVC-IND	PIC S9(02).	10270095
6656SC	15	DTL-UNIT-DOSE-IND	PIC S9(01).	10280095
6656SC	15	DTL-POS-RESPONSE	PIC X(01).	10290095
ITMETR	15	DTL-DRUG-MCARE-APPROVED		12750095
ITMETR			PIC X(01).	12750095
ITMETR	88	MCARE-APPROVED-DRUG	VALUE 'Y'.	12780095
5389SC	10	DTL-EPSDT-DATA	REDEFINES DTL-DRUG-DATA.	10300095
5389SC	15	VACCINE-PURCHASE-IND	PIC X(01).	10320095
5389SC	15	VACCINE-DOSAGE	PIC X(01).	10330095
6656SC	15	FILLER	PIC X(28).	10340095
				10350095
6013TH	10	DTL-MCARE-DATA-2	REDEFINES DTL-DRUG-DATA.	10360095
6013TH	15	MCARE-DTL-DEDUCT	PIC S9(05)V99 COMP-3.	10380095
6013TH	15	MCARE-DTL-PAID	PIC S9(07)V99 COMP-3.	10390095
6013TH	15	MCARE-DTL-COINS	PIC S9(07)V99 COMP-3.	10400095
6656SC	15	MCARE-DTL-EOB	PIC X(04).	10410095
6013VH	15	MCARE-DTL-NOT-ALLOWED	PIC S9(07)V99 COMP-3.	
6013VH	15	MCARE-DTL-BILLED	PIC S9(07)V99 COMP-3.	09831095
6013TH	15	MCARE-DTL-ALLOWED	PIC S9(07)V99 COMP-3.	09831195
ITMETR	15	FILLER	PIC X(09).	10420095



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*****
*                               DETAIL RECIPIENT DATA SECTION
*
*****
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05 DTL-E-BENE-DATA.

10 DTL-BENE-PGM.

15 DTL-BENE-BUDGET-AID PIC X(01). 10430095  
88 DTL-BENE-AFDC VALUE 'A'. 10440095  
88 DTL-BENE-SFHF VALUE 'H'. 10450095  
88 DTL-BENE-TITLE-IV-E VALUE 'I'. 10460095  
88 DTL-BENE-MEDICAID VALUE 'M'. 10470095  
88 DTL-BENE-NC-SAF VALUE 'N'. 10480095  
88 DTL-BENE-REFUGEE VALUE 'R'. 10490095  
88 DTL-BENE-SPEC-ASSIST VALUE 'S'. 10500095  
88 DTL-BENE-ADOPT-PLACE VALUE 'P'. 10510095

15 DTL-BENE-AID-CAT PIC X(02). 10520095  
88 DTL-BENE-AID-AGED VALUE 'AA'. 10530095  
88 DTL-BENE-AID-BLIND VALUE 'AB'. 10540095  
88 DTL-BENE-AID-DISABLED VALUE 'AD'. 10550095  
88 DTL-BENE-AID-FDC VALUE 'AF'. 10560095  
88 DTL-BENE-ADOPT-GRAND VALUE 'AG'. 10570095  
88 DTL-BENE-ADOPT-SUB VALUE 'AS'. 10580095  
88 DTL-BENE-CERT-DISAB VALUE 'CD'. 10590095  
88 DTL-BENE-CERT-FC VALUE 'CF'. 10600095  
88 DTL-BENE-FOST-CARE VALUE 'FC'. 10610095  
88 DTL-BENE-REAS-CLASS VALUE 'RC'. 10620095  
88 DTL-BENE-AID-REF VALUE 'RF'. 10630095  
88 DTL-BENE-SA-BLIND VALUE 'SB'. 10640095  
88 DTL-BENE-AID-SFHF VALUE 'SF'. 10650095  
88 DTL-BENE-PREG-WOMEN VALUE 'PW'. 10660095  
88 DTL-BENE-INF-CHILD VALUE 'IC'. 10670095  
88 DTL-BENE-CATASTROPHIC VALUE 'QB'. 10680095

15 DTL-BENE-MONEY PIC X(01). 10690095  
88 DTL-BENE-CAT-NEED VALUE 'C'. 10700095  
88 DTL-BENE-NO-MONEY VALUE 'N'. 10710095  
88 DTL-MED-NEED VALUE 'M'. 10720095  
88 DTL-BENE-NOT-APPLY VALUE 'X'. 10730095  
88 DTL-BENE-ILL-NON-IMM VALUE 'F'. 10740095  
88 DTL-BENE-LT18-CAT-NO VALUE 'G'. 10750095  
88 DTL-BENE-GT18-CAT-NO VALUE 'H'. 10760095  
88 DTL-BENE-PW-CAT-NO VALUE 'I'. 10770095  
88 DTL-BENE-REF-CAT-NO VALUE 'J'. 10780095

3381RC 15 DTL-BENE-MONEY PIC X(01). 10790095  
88 DTL-BENE-CAT-NEED VALUE 'C'. 10800095  
88 DTL-BENE-NO-MONEY VALUE 'N'. 10810095  
88 DTL-MED-NEED VALUE 'M'. 10820095  
88 DTL-BENE-NOT-APPLY VALUE 'X'. 10830095  
88 DTL-BENE-ILL-NON-IMM VALUE 'F'. 10840095  
88 DTL-BENE-LT18-CAT-NO VALUE 'G'. 10850095  
88 DTL-BENE-GT18-CAT-NO VALUE 'H'. 10860095  
88 DTL-BENE-PW-CAT-NO VALUE 'I'. 10870095  
88 DTL-BENE-REF-CAT-NO VALUE 'J'. 10880095  
88 DTL-BENE-ILL-MED-NEED VALUE 'O'. 10890095  
88 DTL-BENE-LT18-MED-NEED VALUE 'P'. 10900095  
88 DTL-BENE-CATAST-CLASS VALUE 'Q'. 10910095  
88 DTL-BENE-GT18-MED-NEED VALUE 'R'. 10920095  
3381RC 88 DTL-BENE-REF-CAT-NOMON VALUE 'S'. 10930095  
3381RC 88 DTL-BENE-REF-MED-NEED VALUE 'T'. 10940095

15 DTL-BENE-SSI-STAT PIC X(01). 10950095  
6370RW 88 DTL-BENE-ELIG-NOT VALUE 'N' 'S'. 10960095  
88 DTL-BENE-ELIG-SSI VALUE 'Y'. 10970095

5389SC 10 DTL-BENE-PMT-TYPE PIC X(01). 10980095  
6656SC 10 FILLER PIC X(01). 10990095  
10 DTL-BENE-CNTY PIC X(02). 11000095  
10 DTL-BENE-AGE PIC S9(03) COMP-3. 11010095  
5389SC 10 DTL-BENE-CAP-IND PIC X(02). 11020095  
5389SC 88 DTL-BENE-CAP-CHILDREN VALUE 'CC'. 11030095  
6820RE 88 DTL-BENE-CAP-CHILDREN-HOS VALUE 'HC'. 11040095  
6820RE 88 DTL-BENE-CAP-CHILDREN-ICF VALUE 'IC'. 11050095  
6820RE 88 DTL-BENE-CAP-CHILDREN-SNF VALUE 'SC'. 11060095  
5389SC 88 DTL-BENE-CAP-ICF VALUE 'CI'. 11070095  
5389SC 88 DTL-BENE-CAP-MR VALUE 'CM'. 11080095  
5389SC 88 DTL-BENE-CAP-SNF VALUE 'CS'. 11081095  
6820RE 88 DTL-BENE-CAP-AIDS-ICF VALUE 'AI'. 11082095  
6820RE 88 DTL-BENE-CAP-AIDS-SNF VALUE 'AS'. 11083095  
5389SC 88 DTL-BENE-CAP-ELIG VALUE 'CC' 'CM'  
6280RE 'CS' 'CI' 11084095  
6280RE 'HC' 'IC' 11085095  
6280RE 11086095



6280RE		'SC' 'AI'	11087095
6280RE		'AS'.	11088095
ITMETR	10 DTL-ENHCD-CARE-CM-IND	PIC X(01).	12770095
ITMETR	88 ENHCD-CM-NOT-SET	VALUE ''.	12780095
ITMETR	88 ENHCD-CM-NONE	VALUE '0'.	12790095
ITMETR	88 ENHCD-CM-DSS	VALUE '1'.	12800095
ITMETR	88 ENHCD-CM-MH	VALUE '2'.	12810095
ITMETR	10 DTL-BENE-ENROLL-PAYERS		
ITMETR	OCCURS 5 TIMES		
ITMETR	INDEXED BY DTL-BEP-INDEX		
ITMETR		PIC X(05).	
6287SB	10 MANAGED-CARE-IND-ONE	PIC X(01).	11089095
6287SB	10 MANAGED-CARE-IND-TWO	PIC X(01).	11090095
ITMETR	10 DTL-PCPNO	PIC X(08).	04629295
ITMETR	10 FILLER REDEFINES	DTL-PCPNO.	04629395
ITMETR	15 DTL-PCPNO-6	PIC X(06).	04629495
ITMETR	15 FILLER	PIC X(02).	04629595
ITMETR	10 DTL-PCPNO-FILLER	PIC X(05).	04629695
ITMETR	10 DTL-PCP-SPEC	PIC X(03).	04629795
ITMETR	10 DTL-PCP-TYPE	PIC X(03).	04629895
ITMETR	10 DTL-PLAN-NUM	PIC X(13).	04062095
ITMETR	10 DTL-PLAN-CATEGORY	PIC X(04).	04063095
ITMETR	10 DTL-PA-NUM	PIC X(11).	11084100
ITMETR	10 DTL-PA-SRN-NUM	PIC X(13).	11084100
ITMETR	10 DTL-BUYIN-IND	PIC X(01).	12840199
ITMETR	10 DTL-MCARE-BYPASS-IND	PIC X(01).	
ITMETR	88 DTL-MCARE-BYPASS	VALUE 'Y' 'B'.	07950095
ITMETR	88 DTL-MCARE-NO-BYPASS	VALUE ''.	07950095
ITMETR	88 DTL-DUPE-DENY	VALUE 'D'.	07950095
ITMETR	88 DTL-MCR-BYPASS-DUPE	VALUE 'B'.	07950095
ITMETR	88 DTL-MCARE-BYPASS-ONLY	VALUE 'Y'.	07950095
ITMETR	10 DTL-BENE-EXT-COVERAGE	PIC X(1).	
ITMETR	88 DTL-BENE-EXT-FLOYD	VALUE 'F'.	
ITMETR	10 DTL-CA-SPECIAL-EXEMPT	PIC X(1).	
ITMETR	88 DTL-CA-EXEMPT-FLOYD	VALUE 'F'.	
			11120095
*****			11130095
*			* 11140095
*	DETAIL EOB AND CUTBACK AMOUNTS SECTION		* 11150095
*			* 11160095
*****			11170095
			11180095
	05 DTL-EOBS-CUTS.		11190095
5389SC	10 DTL-MAJ-EOB-NUM	PIC S9(05) COMP-3.	11200095
	10 DTL-MPAP-AUDIT-NUM	REDEFINES	11210095
5389SC	DTL-MAJ-EOB-NUM	PIC S9(05) COMP-3.	11220095
ITMETR	10 DTL-MAJ-EOB-HIPAA-NUM	PIC S9(05) COMP-3.	
	10 DTL-MAJ-EOB-STAT	PIC X(01).	11230095
	10 DTL-MAJOR-EOB-LVL	PIC X(01).	11231095
	10 DTL-MAJ-EOB-ALPHA	PIC X(01).	11232095
5389SC	10 DTL-KEY-EOB-NUM	PIC S9(05) COMP-3.	11233095
	10 DTL-KEY-EOB-STAT	PIC X(01).	11234095
	10 DTL-KEY-EOB-CONF	PIC X(01).	11235095
5773SC	10 DTL-SPEND-CUT-AMT	PIC S9(07)V99	11236095
5773SC		COMP-3.	
5773SC	10 DTL-UB82-NONCOV	REDEFINES	11237095
0984PH	DTL-SPEND-CUT-AMT	PIC S9(07)V99	11238095
0984PH		COMP-3.	
5389SC	10 DTL-SPEND-CUT-EOB	PIC S9(05) COMP-3.	11239095
	10 DTL-SPEND-CUT-ALPHA	PIC X(01).	11240095
5773SC	10 DTL-MPAP-CUT-AMT	PIC S9(07)V99	11250095
5773SC		COMP-3.	
5389SC	10 DTL-MPAP-CUT-EOB	PIC S9(05) COMP-3.	11260095
	10 DTL-MPAP-CUT-ALPHA	PIC X(01).	11270095
5389SC	10 DTL-INS-CUT-EOB	PIC S9(05) COMP-3.	11280095
5773SC	10 DTL-INS-CUT-AMT	PIC S9(07)V99	11290095
5773SC		COMP-3.	
5389SC	10 DTL-LEG-CUT-EOB	PIC S9(05) COMP-3.	11300095
5773SC	10 DTL-LEG-CUT-AMT	PIC S9(07)V99	11310095
5773SC		COMP-3.	



## Claims Receipt - System Documentation v.1.0

5389SC	10 DTL-LIAB-CUT-EOB	PIC S9(05) COMP-3.	11320095
	10 DTL-LIAB-CUT-AMT	PIC S9(05)V99 COMP-3.	11330095
5389SC	10 DTL-CLIA-SAVINGS	PIC S9(07)V99 COMP-3.	11340095
5389SC			11350095
	*****	*****	11360095
*			* 11370095
*	DETAIL DUPLICATE DATA		* 11380095
*			* 11390095
	*****	*****	11400095
			11410095
Y2K02	10 DTL-DUPE-ICN	PIC S9(15) COMP-3.	11350000
ITMETR	10 DTL-DUP-ICN-FIN-PAYER	PIC X(05).	
Y2K02	10 DTL-DUPE-CKDATE	PIC S9(09) COMP-3.	11370000
5389SC	10 DTL-DUPE-EOB	PIC S9(05) COMP-3.	11450095
	88 DTL-DUPE-PAID	VALUE +21.	11460095
	88 DTL-DUPE-PEND	VALUE +22.	11470095
			11480095
	*****	*****	11500095
*			* 11510095
*	DETAIL MONEY FIELDS SECTION		* 11520095
*			* 11530095
*	A. DTL-TOT-BILL	= KEYED DETAIL TOTAL BILLED	* 11540095
*			* 11550095
*	B. DTL-NET-BILL	= (KEYED-TOTAL-BILLED - SPENDOWN)	* 11560095
*	(MAX AMOUNT OF SPENDOWN ALLOWED PER DETAIL EQUALS		* 11570095
*	THE TOTAL BILLED)		* 11580095
*			* 11590095
*	C. DTL-ALLOW-AMT	= LESSER OF DTL-NET-BILLED AND 'FILE CALCULATED AMOUNT'.	* 11600095
*			* 11610095
*	D. DTL-G-PAYABLE-AMT = DTL-ALLOW-AMT *		* 11620095
*	REIMBURSEMENT-RATE (RCC)		* 11630095
*			* 11640095
*	E. DTL-N-PAYABLE-AMT = (DTL-G-PAYABLE - (MPAP CUTBACKS+ LEG-LIMIT-CUTBACK-AMT))		* 11650095
*			* 11660095
*	F. DTL-PAID-AMT	= (DTL-N-PAYABLE - (DTL-INS-CUT-AMT DTL-LIAB-CUT-AMT + DTL-COPAY-AMT))	* 11670095
*			* 11680095
*	*NOTE* FOR MENTAL HEALTH CLAIMS : CT=M, PROV TYPE=72		* 11690095
*			* 11700095
*	DTL-PAID-AMT IS MOVED TO CLAIM-DTL-N-PAYABLE-AMT		* 11710095
*			* 11720095
*	THE PAID AMOUNT IS RECOMPUTED AS FOLLOWS:		* 11730095
*			* 11740095
*	DTL-PAID-AMOUNT = (DTL-N-PAYABLE-AMT * 65.10 %) *** 100 % FOR REFUGEES ***		* 11750095
*			* 11760095
7175BM*	***FOR CAROLINA ALTERNATIVES NON-REFUGEES,	***	* 11770095
" "	***DTL-PAID-AMOUNT =	***	* 11780095
" "	*** (DTL-N-PAYABLE-AMT - CALT-OFFSET-AMOUNT)	***	* 11790095
7175BM*	*** CALT-OFFSET-AMOUNT IS IN HMBI3003.	***	* 11800095
*			* 11810095
	*****	*****	* 11820095
			11830095
	*****	*****	* 11840095
			* 11850095
	*****	*****	* 11860095
			* 11870095
	*****	*****	* 11880095
			11890095
05	DTL-MONEY-FIELDS.		11900095
	10 DTL-TOT-BILL	PIC S9(07)V99 COMP-3.	11910095
	10 DTL-NET-BILL	PIC S9(07)V99 COMP-3.	11911095
	10 DTL-ALLOW-AMT	PIC S9(07)V99 COMP-3.	11912095
	10 DTL-G-PAYABLE-AMT	PIC S9(07)V99 COMP-3.	11913095
	10 DTL-N-PAYABLE-AMT	PIC S9(07)V99 COMP-3.	11914095
	10 DTL-PAID-AMT	PIC S9(07)V99 COMP-3.	11915095



## Claims Receipt - System Documentation v.1.0

	10	DTL-REIMB-RATE	PIC S9(01)V99 COMP-3.	11916095
ITMETR	10	DTL-K-ACCOM-RATE	PIC S9(07)V99 COMP-3.	11917095
ITMETR	10	DTL-LEG-LIMIT-PCT	PIC S9(01)V9999 COMP-3.	11918095
ITMETR	10	DTL-MCAID-SHARE	PIC S9(09)V99 COMP-3.	12841000
ITMETR	10	DTL-NON-MCAID-SHARE	PIC S9(09)V99 COMP-3.	12841000
ITMETR	10	DTL-PAC	PIC X(01).	11919095
NCCLJF	88	PAC-SUSP-MAN-PRICE	VALUE '1'.	11920095
NCCLJF	88	PAC-DENY-NON-COVD	VALUE '2' 'B' 'C'.	11930095
NCCLJF	88	PAC-LESSER-BILL-LVL2	VALUE '3'.	11940095
NCCLJF	88	PAC-BILL-LVL2-50TH	VALUE '4'.	11950095
NCCLJF	88	PAC-BILL-LVL2-75TH	VALUE '5'.	11960095
NCCLJF	88	PAC-LESSER-BILL-LVL123	VALUE '6'.	11970095
NCCLJF	88	PAC-LESSER-BILL-LVL3	VALUE '7'.	11980095
NCCLJF	88	PAC-SUSP-BILL-OVR-LVL3	VALUE '8'.	11990095
NCCLJF	88	PAC-DRUG-EAC-PRICE	VALUE 'E'.	12000095
NCCLJF	88	PAC-DRUG-AWP-PRICE	VALUE 'A'.	12010095
NCCLJF	88	PAC-DRUG-MAC-PRICE	VALUE 'M'.	12020095
6230CJ	88	PAC-PAY-AS-BILLED	VALUE 'F'.	12030095
6230CJ	88	PAC-DRG	VALUE 'G'.	12040095
6230CJ	10	DTL-LVL1	PIC S9(05)V99 COMP-3.	12060095
6230CJ	10	LOW-RATE DTL-LVL1	REDEFINES PIC S9(05)V99 COMP-3.	12070095 12080095
6230CJ	10	DTL-LVL2	PIC S9(05)V99 COMP-3.	12100095
6230CJ	10	HIGH-RATE DTL-LVL2	REDEFINES PIC S9(05)V99 COMP-3.	12110095 12120095
5389SC	10	DTL-LVL3	PIC S9(07)V99 COMP-3.	12140095
5389SC	10	DTL-FILE-RATE DTL-LVL3	REDEFINES PIC S9(07)V99 COMP-3.	12150095 12160095
5389SC	10	DTL-DRUG-PRICE DTL-LVL3	REDEFINES PIC S9(05)V9999 COMP-3.	12170095 12180095
5389SC	10	DTL-DRUG-BASE	PIC S9(05)V9999 COMP-3.	12190095
5389SC	/			12200095
6228RN	10	DTL-LVL3-RVS-UNITS	PIC S9(05) COMP-3.	12210095
6228RN	10	DTL-CONV-FACTOR	PIC S9(05)V99 COMP-3.	12220095
6228RN	10	DTL-LVL-USED	PIC X(01).	12230095
6228RN	88	USED-LVL1	VALUE '1'.	12240095
6228RN	88	USED-LVL2	VALUE '2'.	12250095
6228RN	88	USED-LVL3	VALUE '3'.	12260095
7925CO	88	USED-DRG	VALUE 'D'.	12261097
7925CO	88	USED-MANUAL	VALUE 'M'.	12270095
ITMETR	10	DTL-RATE-PAYER	PIC X(05).	
ITMETR	10	DTL-COPAY-PAYER	PIC X(05).	
ITMETR	10	DTL-COPAY-AMT	PIC S9(05)V99 COMP-3.	12280095
5773SC	10	DTL-MANUAL-AMT	PIC S9(07)V99 COMP-3.	12290095
5773SC	10	DTL-PAT-LIAB	PIC S9(05)V99 COMP-3.	12300095
5773SC	10	DTL-LVL3-MAX-AMT	PIC S9(05)V99 COMP-3.	12310095
3920CC	10	DTL-DSP-AMOUNT REDEFINES	DTL-LVL3-MAX-AMT PIC S9(05)V99 COMP-3.	12320095 12330095
3920CC	10	DTL-MEDIGRANT-PCT	PIC S99V999 COMP-3.	12340095
6921KC	10	DTL-INVOICE-NUM	PIC X(15).	12350095
6656SC	10	DTL-INVOICE-AMT	PIC S9(05)V99 COMP-3.	12360095



```
*****
*          DETAIL ADJUSTMENT DATA SECTION
*
***** 05 DTL-ADJ-DATA.
      10 ODTL-BILL-AMT      PIC S9(07)V99
                                COMP-3.
      10 ODTL-PAID-AMT      PIC S9(07)V99
                                COMP-3.
5773SC   10 ODTL-INS       PIC S9(07)V99
                                COMP-3.
5773SC   10 ODTL-COPAY     PIC S9(05)V99
                                COMP-3.
5773SC   10 ODTL-SPEND     PIC S9(07)V99
                                COMP-3.
5773SC   10 ODTL-UB82-NONCOV REDEFINES
0984PH    ODTL-SPEND      PIC S9(07)V99
                                COMP-3.
0984PH    10 ODTL-MCAID-SHARE  PIC S9(09)V99
                                COMP-3.
ITMETR    10 ODTL-NON-MCAID-SHARE  PIC S9(09)V99
                                COMP-3.
ITMETR    10 ODTL-COV-DAYS     PIC S9(03) COMP-3.
ITMETR    10 ODTL-LVL3-RVS-UNITS  PIC S9(05) COMP-3.
ITMETR    10 ODTL-CONV-FACTOR   PIC S9(05)V99
                                COMP-3.
ITMETR    10 ODTL-FP-IND      PIC X(01).
88 ODTL-FP-YES      VALUE 'Y'.
88 ODTL-FP-NO       VALUE 'N'.
ITMETR    10 ODTL-SUB-CON-NO   PIC X(08).
                                12580095
                                12590095
*****
*          DETAIL EXPANSION SECTION
*
* THIS SECTION IS DESIGNATED FOR FUTURE EXPANSION OF THE
* CLAIM RECORD. IF YOU ADD ANYTHING IN THIS SECTION,
* PLEASE SPECIFY HERE THE SECTION TO WHICH IT SHOULD BE
* MOVED WHEN THE NEXT CLAIM RECORD EXPANSION OCCURS.
*
***** 05 DTL-EXP.
      10 ODTL-PCODE      PIC X(05).
      10 ODTL-FDOS       PIC S9(09) COMP-3.
ITMETR    10 FILLER        PIC X(197).
                                12850095
*****
* THIS IS FOR CROSSOVER CLAIMS ONLY. THIS INFORMATION
* WILL BE CONSTANT THROUGH-OUT ALL THE MEDICARE DETAILS.
* THE INDENTATION STANDARDS WERE SACRIFICED FOR SPACE.
*****
5795CC   03 SPEC-DETAIL-PORTION 12910095
5795CC   OCCURS 0 TO 1 TIMES   12930095
5795CC   DEPENDING ON SPEC-DTL-CNT 12940095
5795CC   INDEXED BY SPEC-DTL-INDX. 12950095
5795CC   12960095
5795CC   12970095
5795CC   05 SPEC-DETAIL.      12980095
5795CC   10 SPEC-DETAIL-TYPE  PIC X(02).
5795CC   88 UB-DETAIL       VALUE 'UB'.
5795CC   10 FILLER         PIC X(1016).
                                13010095
                                13020095
*****
* UB92 INFORMATION
*****
5795CC   05 UB92-DATA      REDEFINES  SPEC-DETAIL.
                                13030095
                                13040095
                                13050095
                                13060095
                                13070095
```



5795CC	10	FILLER	PIC X(02).	13080095
	10	UB-PROCEDURE-CODES.		13090095
0185PH	15	UB-PCODE1.		13100095
0185PH	20	FILLER	PIC X(02).	13110095
5389SC	20	UB-PCODE-1	PIC X(05).	13120095
Y2K01	15	UB-PCODE-1-DATE	PIC S9(09) COMP-3.	13130000
0185PH	15	UB-PCODE2.		13150095
0185PH	20	FILLER	PIC X(02).	13160095
5389SC	20	UB-PCODE-2	PIC X(05).	13170095
Y2K01	15	UB-PCODE-2-DATE	PIC S9(09) COMP-3.	13180000
0185PH	15	UB-PCODE3.		13200095
0185PH	20	FILLER	PIC X(02).	13210095
5389SC	20	UB-PCODE-3	PIC X(05).	13220095
Y2K01	15	UB-PCODE-3-DATE	PIC S9(09) COMP-3.	13230000
5389SC	15	UB-PCODE4.		13250095
5389SC	20	FILLER	PIC X(02).	13260095
5389SC	20	UB-PCODE-4	PIC X(05).	13270095
Y2K01	15	UB-PCODE-4-DATE	PIC S9(09) COMP-3.	13280000
5389SC	15	UB-PCODE5.		13300095
5389SC	20	FILLER	PIC X(02).	13310095
5389SC	20	UB-PCODE-5	PIC X(05).	13320095
Y2K01	15	UB-PCODE-5-DATE	PIC S9(09) COMP-3.	13330000
5389SC	15	UB-PCODE6.		13350095
5389SC	20	FILLER	PIC X(02).	13360095
5389SC	20	UB-PCODE-6	PIC X(05).	13370095
Y2K01	15	UB-PCODE-6-DATE	PIC S9(09) COMP-3.	13380000
5693TH	10	UB-PROCEDURE-TABLE	REDEFINES	13400095
5693TH			UB-PROCEDURE-CODES	13410095
5693TH			OCCURS 6 TIMES	13420095
5693TH			INDEXED BY UB-PCODE-INDX.	13430095
5693TH	15	FILLER	PIC X(02).	13440095
5693TH	15	UB-PCODE	PIC X(05).	13450095
Y2K01	15	UB-PCODE-DATE	PIC S9(09) COMP-3.	13460000
5795CC	10	UB-CODE-METHOD	PIC X(01).	13480095
5389SC	10	UB-E-CAUSE-OF-INJURY-DIAG.		13490095
5389SC	15	UB-E-DIAG	PIC X(05).	13500095
5389SC	15	FILLER	PIC X(01).	13510095
5389SC	10	UB-ADMIT-DIAGNOSIS.		13520095
5389SC	15	UB-ADMIT-DIAG	PIC X(05).	13530095
5389SC	15	FILLER	PIC X(01).	13540095
5389SC	10	UB-CONDITION-CODES	OCCURS 7 TIMES	13550095
5795CC			INDEXED BY UB-COND-CODE-INDX.	13560095
5389SC	15	UB-COND-CODE	PIC X(02).	13570095
5389SC	10	UB-OCCURRENCES	OCCURS 8 TIMES	13580095
5795CC			INDEXED BY UB-OCCUR-INDX.	13590095
5389SC	15	UB-OCCUR-CODE	PIC X(02).	13600095
Y2K01	15	UB-OCCUR-DATE	PIC S9(09) COMP-3.	13610000
5389SC	10	UB-OCCUR-SPAN-DATA	OCCURS 2 TIMES	13630095
5795TF			INDEXED BY UB-OCCUR-SPAN-INDX.	13640095
5389SC	15	UB-SPAN-CODE	PIC X(02).	13650095
Y2K01	15	UB-SPAN-FROM-DATE	PIC S9(09) COMP-3.	13660000
Y2K01	15	UB-SPAN-THRU-DATE	PIC S9(09) COMP-3.	13680000
5795CC	10	UB-VALUE-CODE-DATA	OCCURS 12 TIMES	13700095
5795CC			INDEXED BY UB-VALUE-INDX.	13710095
5795CC	15	UB-VALUE-CODE	PIC X(02).	13720095
5795CC	15	UB-VALUE-AMT	PIC S9(07)V99	13730095
5795CC			COMP-3.	
5795CC	10	FILLER	PIC X(04).	13740095
5795CC	10	UB-PATIENT-EMPLOYER-DATA	OCCURS 3 TIMES	13750095
5795TF			INDEXED BY UB-EMPLOYER-INDX.	13760095
5795CC	15	UB-PAT-EMPL-STATUS	PIC X(01).	13770095
5389SC	15	UB-PAT-EMPLOYER	PIC X(24).	13780095
5389SC	15	UB-PAT-EMPL-ADDRESS	PIC X(35).	13790095
5795CC	10	UB-PAYOR-IDENTIFICATION	OCCURS 3 TIMES	13800095
5795TF			INDEXED BY UB-PAYOR-ID-INDX.	13810095
5795CC	15	UB-PAYOR-CLASS-CODE	PIC X(01).	13820095
5389SC	15	UB-PAYOR-CARRIER-CODE	PIC X(04).	13830095
5389SC	15	UB-PAYOR-PROV-NUMBER	PIC X(13).	13840095
5795CC	15	UB-PAYOR-REL-OF-INFO	PIC X(01).	13850095
5795CC	15	UB-PAYOR-ASS-BENE	PIC X(01).	13860095
5795CC	15	UB-PAYOR-PRIOR-PMTS	PIC S9(07)V99	13870095
5795CC			COMP-3.	



5795CC 15 UB-PAYOR-EST-AMT-DUE PIC S9(07)V99 COMP-3. 13880095  
5795CC 15 UB-PAYOR-INS-NAME PIC X(25). 13890095  
5795CC 15 UB-PAYOR-REL-TO-INS PIC X(02). 13900095  
5795CC 15 UB-PAT-SSN-HIC-ID PIC X(19). 13910095  
5795CC 15 UB-PAYOR-INS-GRP-NAME PIC X(14). 13920095  
5795CC 15 UB-PAYOR-INS-GRP-NUM PIC X(17). 13930095  
Y2K02 15 UB-ORIG-ICN-NUMBER PIC X(25). 13930000  
5795CC 10 UB-OTHER-PHYS-ID PIC X(13). 13950095  
5795CC 10 UB-RESP-PARTY PIC X(40). 13960095  
5795CC 10 UB-MED-REC-NUM PIC X(17). 13970095  
6230SC 10 UB-DRG-INFO. 13980095  
6230SC 15 UB-DRG-NUM. 13990095  
6230SC 20 FILLER PIC X(01). 14000095  
6230SC 20 UB-DRG PIC X(03). 14010095  
6230SC 88 UB-DRG-DELIVERY 14020095  
6230SC VALUE '370' THRU '375'. 14020095  
6230SC 88 UB-DRG-PSYCH-REHAB 14040095  
0196TT VALUE '424' THRU '437' 14050095  
0196TT '462'. 14060095  
6230SC 88 UB-DRG-PSYCH 14070095  
6230SC VALUE '424' THRU '437'. 14070095  
6230SC 88 UB-DRG-REHAB 14090095  
6230SC VALUE '462'. 14090095  
6230SC 88 UB-DRG-UNGROUP 14100095  
6230SC VALUE '469' '470'. 14100095  
6929JE 88 UB-DRG-CALT VALUE '425' THRU '437'. 14120095  
6230SC 15 UB-MDC PIC X(02). 14140095  
6230SC 88 UB-MDC-DELIVERY VALUE '14'. 14150095  
6230SC 15 UB-DRG-FIRST-OR-PROC-USED 14160095  
6230SC PIC X(05). 14170095  
Y2K02 15 UB-DRG-REPLACEMT-ICN PIC S9(15) COMP-3. 14170000  
6230SC 15 UB-DRG-WEIGHT PIC S9(03)V9999 COMP-3. 14190095  
6230SC COMP-3. 14200095  
ITMETR 15 UB-DRG-WEIGHT-PAYER PIC X(05).  
6230SC 15 UB-DRG-ALOS PIC 9(03)V9. 14210095  
6230SC 15 UB-DRG-AMT PIC S9(07)V99 COMP-3. 14220095  
6230SC 15 UB-DRG-OUTLIER-AMT PIC S9(07)V99 COMP-3. 14230095  
6230SC 15 UB-DRG-OUTLIER-NONCOV-AMT PIC S9(07)V99 COMP-3. 14240095  
6230SC 15 UB-DRG-OUTLIER-NONCOV-AMT PIC S9(07)V99 COMP-3. 14250095  
6230SC 15 UB-DRG-OUTLIER-CODE PIC X(01). 14260095  
6230SC 88 UB-DRG-COST-OUTLIER VALUE 'C'. 14270095  
6230SC 88 UB-DRG-DAY-OUTLIER VALUE 'D'. 14280095  
6230SC 88 UB-DRG-NORPLANT-OUTLIER VALUE 'N'. 14290095  
6230SC 15 UB-DRG-VERSION PIC X(03). 14310095  
6230SC 15 UB-DRG-MED-SURG-IND PIC X(01). 14320095  
6230SC 88 UB-DRG-MEDICAL VALUE 'M'. 14330095  
6230SC 88 UB-DRG-SURGICAL VALUE 'P'. 14340095  
ITMETR 10 FILLER PIC X(51). 14340000  
\*\*\*\*\* END OF COPY MEMBER HMAY0001 \*\*\*\*\*

#### 4.1.2.2 Data Element Definitions

Data Definition File – Claims Update Data – HMAY0001		
Data Element/Structure	Definition/Explanation	Comments
ACT-CODE	A code identifying the current action being taken on the claim	Occurs 15 times.
ACTION-CDE	A code identifying the final action taken on the claim	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
ADJ-SUPP-PAY-IND	A code identifying the adjustment action taken on the claim	
ADMIT-DATE	The date the patient was admitted for inpatient or outpatient care	
ADMIT-HOUR-OUTP	The hour during which the patient was admitted for inpatient or outpatient care	
ADMIT-SOURCE	A code indicating the source of an inpatient's admission	
ADM-TYPE-IN	A code indicating admission priority	
ATTN-PROV-N	Universal Provider Identification Number (UPIN) of the attending provider number on the Uniform Bill (UB) 92 or Medicaid attending provider number on Health Care Financing Administration (HCFA) 1500	
ATTN-PROVNUM	Universal Provider Identification Number (UPIN) of the attending provider number on the Uniform Bill (UB) 92 or Medicaid attending provider number on Health Care Financing Administration HCFA 1500	
BENE-AID-CAT	The aid category for the recipient which was effective on the First Date Of Service (FDOS) of the claim	
BENE-ALPHA	The alpha character at the end of the Medicaid identification number	
BENE-AREA-CODE	The area code of the recipient's phone number	
BENE-BUDGET-AID	The budget aid code for the recipient which was effective on the First Date Of Service (FDOS) of the claim	
BENE-CAP-IND	The Community Alternatives Program (CAP) indicating the recipient's type of waiver	
BENE-CNTY	The County in North Carolina in which the recipient resides	
BENE-DOB	The recipient's Date Of Birth (DOB)	
BENE-DOB-CENTURY	Indicates the century in which the recipient was born	
BENE-ELIG-SOURCE-PAYER	Payer that establishes recipient enrollment	
BENE-FAM-STATUS	A code indicating the recipient's position within their family	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
BENE-FIRSTNAME	First name of the Medicaid recipient	
BENE-F-NAME	First two letters of the Medicaid recipient's first name	Used in financial sort key.
BENE-FULL-NAME	The recipient's entire name	
BENE-HIC	The identification number assigned to an individual by Medicare	
BENE-ID	The recipient's unique Medicaid identification number	
BENE-LASTNAME	The Medicaid recipient's last name	
BENE-LIV-ARR	The setting in which the recipient resides, such as Intermediate Care Facility for the Mentally Retarded (ICF/MR), hospital, foster care, adoptive home, etc	
BENE-L-NAME	The Medicaid recipient's last name	Used in financial sort key.
BENE-MID	The recipient's unique Medicaid identification number	This is printed on the Medicaid card and submitted on all claims.
BENE-MIDINIT	The Medicaid recipient's middle initial	
BENE-MONEY	The fourth character of the program code identifying the recipient's program class which was effective on the First Date Of Service (FDOS) on the claim	
BENE-ORIG-SSN	The recipient's Social Security Number (SSN)	
BENE-PGM	The code assigned to the recipient which identifies their eligibility type	
BENE-PHONE	The recipient's home phone number including the area code	
BENE-PHONE-NO	The recipient's home phone number excluding the area code	
BENE-PYMT-CODE	An indicator identifying the type of assistance a recipient receives	
BENE-RACE	The race of the recipient	
BENE-RR-SSN	The numeric characters of a recipient's hospital identification number or Medicare number	Same as their Social Security Number (SSN).
BENE-SEX	The gender of the recipient	
BENE-SSI-STAT	The Supplemental Security Income (SSI) status of the recipient on the first date of service on the	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
	claim	
BENE-SSN	The numeric characters of the Medicaid identification number	Same as their Social Security Number (SSN).
BENE-SUBM-ALPHA	The alpha character at the end of the Medicaid Identification (MID) number as submitted on the claim	This may be changed to a cross-reference MID.
BENE-SUBMITTED-MID	The entire Medicaid Identification (MID) as submitted on the claim	This may be changed to a cross-reference MID.
BENE-SUBM-SSN	The numeric characters of the Medicaid Identification (MID) as submitted on the claim	This may be changed to a cross-reference MID.
BENE-SUBM-SUFFIX	Extra digit for other department submit ID	
BILL-CC	The alpha character on the end of the provider number (if there is one)	
BILLED-STATE	A code which indicates whether Division of Medical Assistance (DMA) will be billed for the processing of the claim	
BILLING-TIME	Indicates the number of days between header from date of service and Internal Control Number (ICN), Julian date, and the time it took to bill the claim	
BILL-NAME2	The name of the provider billing the claim	
BILL-NAME4	The name of the provider billing the claim	
BILL-PROV-6	The first six characters of the provider number of the provider billing the claim	
BILL-PROV-END-DATE	End date of provider authorization	
BILL-PROV-N	The seven digit provider number of the provider billing the claim	
BILL-PROVNAME	The name of the provider billing the claim	
BILL-PROVNUM	The eight character provider number of the provider billing the claim	
BILL-PROV-NUM	The eight character provider number of the provider billing the claim	Used in financial sort key
BILL-PROV-START-DATE	Start date of the provider's authorization	
BUYIN-IND	A code indicating whether a recipient has ongoing buyin coverage	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
BUYIN-RANGE	Indicates buyin coverage during the claim's dates of service	
BUYIN-STAT	Buyin status from State eligibility file	
CA-IND	A code which indicates whether the claim is subject to Carolina Access (CA) regulations	
CA-PCPNO	Number assigned to Primary Care Physician (PCP) in Carolina Access (CA)	Used to verify participation and compliance with CA regulations.
CA-PCPNO-6	Number assigned to Primary Care Physician (PCP) in Carolina Access (CA)	Used to verify participation and compliance with CA regulations.
CA-PCP-SPEC	The Carolina Access (CA) Primary Care Physician (PCP) specialty who is the PCP at the time of bill claim	
CA-PCP-TYPE	The Primary Care Physician (PCP) type assigned to the physician who is the PCP for Carolina Access (CA) recipients	Indicates whether group or individual.
CASH-CNTL-NUM	Internal cash financial control number	
CLAIM-AGE	Identifies how long the claim has been in the system	
CLIA-CERT-NUM	Clinical Laboratory Improvement Amendment (CLIA) number assigned by Health Care Financing Administration (HCFA) to a provider of laboratory services	
CLM-TYPE-ALPHA	The alphabetic character which identifies the type of claim	
CLM-TYPE-NUM	The numeric character that identifies the type of claim. Determines the section of the Remittance Advice (RA) in which the claim will appear	Binary
COMMENTS	Textual comments the provider uses to convey to Electronic Data Service (EDS) information for the claim for processing purposes	
CONTRACT-PROV-IND	Indicates if a provider other than the billing provider performed the service, such as a contractor	
COPAY-EXEMPT-IND	Indicates that the recipient is exempt from copay for prescriptions due to pregnancy	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
DEA-NUM	A number assigned to each physician by the Drug Enforcement Agency (DEA).	May be used to identify the prescriber on drug claims.
DENTAL-SVC-CODE	A code identifying the type of dental service provided	
DENY-DUPE-IND	Duplicate claim used for reporting	
DETAIL OCCURS 38		Changed from 48 to 38
DHS-IND	Identifies whether the claim was submitted by the Division Of Health Services (DHS)	
DIAGNOSIS-3	The International Classification of Diseases (ICD)-9-CM code which describes the third diagnosis submitted	
DIAGNOSIS-4	The International Classification of Diseases (ICD)-9-CM code which describes the fourth diagnosis submitted	
DIAGNOSIS-5	The International Classification of Diseases (ICD)-9-CM code which describes the fifth diagnosis submitted	
DIAGNOSIS-6	The International Classification of Diseases (ICD)-9-CM code which describes the sixth diagnosis submitted	
DIAGNOSIS-7	The International Classification of Diseases (ICD)-9-CM code which describes the seventh diagnosis submitted	
DIAGNOSIS-8	The International Classification of Diseases (ICD)-9-CM code which describes the eighth diagnosis submitted	
DIAGNOSIS-9	The International Classification of Diseases (ICD)-9-CM code which describes the ninth diagnosis submitted	
DISCH-HOUR	The hour during which the recipient was discharged from inpatient or outpatient care	
DRUG-RX-NUM	The prescription number as entered on the claim	
DSCH-DEATH-DATE	The date the recipient was discharged from the facility or the date of death	
DSP-INDICATOR	Indicates whether this provider is a disproportionate share provider	
DSP-RATIO	The additional percentage of payment to be made to the provider once he/she has served a	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
	disproportionate share of Medicaid patients	
DTL-ACCOM-OR-ANCILL	The accommodation or ancillary code billed by a hospital	
DTL-ALLOW-AMT	The maximum allowed amount for the detail based on pricing logic	
DTL-BENE-AGE	The recipient's age	
DTL-BENE-AID-CAT	The aid category for the recipient effective on the First Date Of Service (FDOS) on the detail	
DTL-BENE-BUDGET-AID	The budget aid code for the recipient effective on the First Date Of Service (FDOS) on the detail	
DTL-BENE-CAP-IND	Indicates a recipient's Community Alternatives Program (CAP) status	
DTL-BENE-CNTY	The county in North Carolina in which the recipient resides	
DTL-BENE-ENROLL-PAYERS	Five-digit payer code that indicate the first five population group payers where the recipient is enrolled without regard to the cross section of procedure and provider enrollment. (i.e. which programs cover this person alone?)	Occurs five times.
DTL-BENE-MONEY	The program class for the recipient effective on the First Date Of Service (FDOS) on the detail	
DTL-BENE-PGM	The entire five-character program code for the recipient effective on the First Date Of Service (FDOS) on the detail	
DTL-BENE-SSI-STAT	The Supplemental Security Income (SSI) status of the recipient on the First Date Of Service (FDOS) on the detail	
DTL-BILL-TYPE	A code indicating the type of bill being submitted	
DTL-BUYIN-IND	Indicates buyin coverage for claim detail dates of service. Used for Durable Medical Equipment (DME) edit	
DTL-CLIA-SAVINGS	The amount saved by denying a laboratory procedure due to the lack of appropriate Clinical Laboratory Improvement Amendment (CLIA) certification	
DTL-CNT	The number of details on the claim	
DTL-CNT-ORIG	The original number of details that came in with	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
	a claim	
DTL-CONV-FACTOR	A code used in pricing Pricing Action Code (PAC)-6 anesthesia procedure codes	
DTL-COPAY-AMT	The amount of the detail for which the patient is responsible	This varies depending on the claim type, service, recipient's age, etc.
DTL-COPAY-PAYER	Payer under which copay was found	
DTL-COV-DAYS	The number of days covered on the detail	
DTL-DAW-IND	An indicator identifying that the prescribing physician required a prescription to be dispensed as written rather than allowing a generic	
DTL-DAYS-SUPPLY	The number of days the drug dispensed will last the recipient if taken as directed	
DTL-DIAG	The International Classification of Diseases (ICD)-9-CM code which describes the physician's first diagnosis	
DTL-DRUG-BASE	The average cost of generic drug	
DTL-DRUG-COST	The calculated cost of the drug before the professional component is added	
DTL-DRUG-GCN-SEQ-NO	Sequence number that groups the drug by classification and packaging	
DTL-DRUG-PRICE	The price of the drug per unit	
DTL-DSP-AMOUNT	The additional amount paid to the provider due to the fact that he/she has served a disproportionate share of Medicaid recipients	
DTL-DUPE-CKDATE	The paid date for the claim in the history that is a duplicate of the current detail	
DTL-DUPE-EOB	An Explanation Of Benefits (EOB) that specifies the disposition of a detail that is a duplicate of this detail	
DTL-DUPE-ICN	The Internal Control Number (ICN) of a detail that is a duplicate of this detail	
DTL-DUP-ICN-FIN-PAYER	Duplicate Internal Control Number (ICN) for the financial payer	
DTL-ENHCD-CARE-CM-IND	Case manager indicator for enhanced care	
DTL-ERR-FIELD-STAT	The error status of the detail indicating no	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
	errors, suspended, denied, etc	
DTL-ERR-FLAG	Indicates whether the Error Status Code (ESC) is an edit or audit and whether it was overridden or denied	Occurs 10 times.
DTL-ERR-NUM	A code that identifies the reason for which the detail failed an edit or audit	Occurs 10 times.
DTL-FDOS	The First Date Of Service (FDOS) billed for the detail	
DTL-FILE-RATE	The price per unit on the detail as carried on the fee schedule	
DTL-GENERIC	The generic drug code assigned to the National Drug Code (NDC) billed on the detail	
DTL-GENERIC-MULTI	A code indicating if the generic drug is from a multiple or single source	
DTL-GENERIC-PROD	A code indicating if the drug is generic or a brand name	
DTL-G-PAYABLE-AMT	The gross payable amount for the detail	
DTL-HH-BILL-TYPE	The revenue code billed for home health services for outpatients	This must be accompanied by a Health Care Procedural Coding System (HCPCS) procedure code.
DTL-HH-K-PCODE	The revenue code billed for home health services for outpatients	This must be accompanied by a Health Care Procedural Coding System (HCPCS) procedure code.
DTL-HH-REV-CODE	The revenue code billed for home health services for outpatients	This must be accompanied by a Health Care Procedural Coding System (HCPCS) procedure code.
DTL-HH-UB82-PCODE	The Health Care Procedural Coding System (HCPCS) code billed on Uniform Bill (UB) claims to identify the specific home health service provided	
DTL-INS-CUT-AMT	The amount the payment on the detail was cutback due to third party liability	
DTL-INS-CUT-EOB	The Explanation Of Benefits (EOB) code indicating the reason for the payment cutback	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
	due to other insurance	
DTL-INVOICE-AMT	The amount billed by the supplier to the provider for equipment	
DTL-INVOICE-NUM	The number on the invoice from the supplier to the provider for equipment	
DTL-IOPR-LEFT	The left eye pressure readings reported by optical providers on the claim	
DTL-IOPR-RIGHT	The right eye pressure readings reported by optical providers on the claim	
DTL-K-ACCOM-RATE	The accommodation rate keyed for the detail at data entry	Used in determining the Ratio-Cost-to-Charge (RCC) rate.
DTL-KEY-EOB-CONF	A keyed Explanation Of Benefits (EOB) confirmation code which confirms the denial of the detail	
DTL-KEY-EOB-NUM	An Explanation Of Benefits (EOB) that is keyed on the detail rather than placed by system processing	
DTL-KEY-EOB-STAT	A code indicating whether the Explanation Of Benefits (EOB) is a denial EOB, Informational EOB, returned, etc	
DTL-LAB-BILL-TYPE	The Uniform Bill (UB) bill type for laboratory services	
DTL-LAB-K-PCODE	The revenue code billed for certain laboratory services	This must be accompanied by a Health Care Procedural Coding System (HCPCS) procedure code.
DTL-LAB-REV-CODE	The revenue code billed for certain laboratory services.	This must be accompanied by a Health Care Procedural Coding System (HCPCS) procedure code.
DTL-LAB-UB82-PCODE	The Health Care Procedural Coding System (HCPCS) code billed on Uniform Bill (UB) claims to identify the specific laboratory service provided	
DTL-LEG-CUT-AMT	The amount that is reduced from the detail net payable amount as dictated by the legislature	
DTL-LEG-CUT-EOB	An Explanation Of Benefits (EOB) which	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
	indicates the reason for a legislative limit cutback	
DTL-LEG-LIMIT-PCT	The percentage rate set for certain claim types and procedures	
DTL-LEVEL-OF-SVC-IND	Indicates the type of special services provided by the pharmacist, such as consultation, etc	
DTL-LIAB-CUT-AMT	The portion of the amount allowed for the detail deducted due to patient liability	
DTL-LIAB-CUT-EOB	An Explanation Of Benefits (EOB) which explains the liability cutback amount	
DTL-LVL1	Level one (1) customary charge	Always zero because level one pricing is not being used.
DTL-LVL2	The price for services listed on the fee schedule. Used with pricing action code four (4)	
DTL-LVL3	The price for the detail procedure code as carried on the level III file	
DTL-LVL3-MAX-AMT	The maximum price for the detail procedure code as carried on the level III file	
DTL-LVL3-RVS-UNITS	Units used to price Pricing Action Code (PAC)-6 anesthesia procedure codes	
DTL-LVL-USED	A code indicating which pricing level was used to price the detail	
DTL-MAJ-EOB-EXPAND	Other Explanation Of Benefits (EOB)s on the detail	Occurs nine times.
DTL-MAJ-EOB-NUM	The Explanation Of Benefits (EOB) which will appear on the Remittance Advice (RA) on the detail	
DTL-MAJ-EOB-STAT	A code indicating whether the Explanation Of Benefits (EOB) is a denial EOB, Informational EOB, returned, etc	
DTL-MAJ-STAT-EXPAND	A code indicating whether the Explanation Of Benefits (EOB) is a denial EOB, Informational EOB, returned, etc	Occurs nine times.
DTL-MANUAL-AMT	An allowed amount that was determined as a result of manual review and pricing	
DTL-MANUFA	Identifies the manufacturer of the drug	
DTL-METRIC-DEC-	The number of metric units dispensed to three	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
QTY	decimal places	
DTL-METRIC-QTY	The number of metric units dispensed	
DTL-MPAP-AUDIT-NUM	The number assigned to the audit when the detail failed during medical policy processing	
DTL-MPAP-CUT-AMT	The reduction in the detail allowed amount due to medical policies	
DTL-MPAP-CUT-EOB	An Explanation Of Benefits (EOB) which explains a cutback due to medical policy	
DTL-MPAP-OVR	A code which identifies medical policy overrides on the detail	
DTL-NDC	The National Drug Code (NDC) assigned to pharmacy claims to identify the drug dispensed	
DTL-NET-BILL	The net-billed amount as calculated by the system	
DTL-NONCOV-DAYS	The number of days on the detail which are not covered	
DTL-N-PAYABLE-AMT	The net payable amount for a detail	
DTL-NUM	The detail line number that was keyed on the claim	
DTL-NUM-ORIG	The original number of a specific detail, prior to being separated	
DTL-NUM-SVCS	The number of services provided for the detail procedure code	
DTL-OTHER-FIN-PAYER-IND	Indicator denoting that more than one financial payer was found and a decision was made among them	
DTL-PAC	A code that determines how a procedure code is priced	
DTL-PACKAGE	Identifies the package size of the drug dispensed	
DTL-PAID-AMT	The amount paid by Medicaid for the detail	
DTL-PA-NUM	The Prior Approval (PA) number that applies to the detail	
DTL-PA-SRN-NUM	Service Request Number (SRN) on the Prior Approval (PA) that applies to the particular detail	
DTL-PAT-LIAB	The amount deducted from the Medicaid payment to the provider for which the recipient	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
	is responsible	
DTL-PCODE-MOD	A code that provides specific information about a procedure code	Occurs 10 times.
DTL-PCODE--PAYER	Payer under which procedure was found	
DTL-PCPNO	Primary Care Provider (PCP) for this detail period	
DTL-PCP-SPEC	Primary Care Provider (PCP) specialty	
DTL-PCP-TYPE	Primary Care Provider (PCP) type	
DTL-PH-IND	An indicator which determines whether or not the procedure will be displayed on the Paid History (PH) screen	
DTL-PLAN-CATEGORY	Health Maintenance Organization (HMO) plan category	
DTL-PLAN-NUM	Health Maintenance Organization (HMO) plan number for this period	
DTL-POP-PAYER	Five digit payer code indicating the population group payer against which this claim should process through medical policy	
DTL-POS	A code assigned to indicate the Place Of Service (POS) where the service was performed	
DTL-POS-2	Two digit Place Of Service (POS) for Health Insurance and Portability and Accountability Act (HIPAA) expansion	
DTL-POS-RESPONSE	The response status on a Place Of Service (POS) claim	
DTL-POSTCARE	The number of postoperative days for the procedure	This is the number of follow-up days care included in the payment for surgery.
DTL-PRECARE	The number of pre-operative days for the procedure	This is the number of days before surgery that are included in the payment.
DTL-PROC-CODE-MOD1	A code that provides specific information about a procedure code	Occurs 10 times.
DTL-PROC-CODE-MOD2	A code that provides specific information about a procedure code	Occurs 10 times.
DTL-PROCEDURE-	The Current Procedural Terminology (CPT)-4	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
CODE	(revision 4) code describing the service billed on the detail	
DTL-PRODUCT	Identifies the specific drug dispensed	
DTL-RATE-PAYER	Payer under which the rate was found	
DTL-REIMB-RATE	A percentage amount calculated for institutional providers	
DTL-REVENUE-CODE	A code that identifies a specific accommodation, ancillary service, or billing calculation on a Uniform Bill (UB) 92 claim	
DTL-RX-REFILL	A code which indicates if the drug claim is an original prescription or refill of a previous prescription	
DTL-SPEND-CUT-AMT	The reduction in payment due to spenddown	
DTL-SPEND-CUT-EOB	An Explanation Of Benefits (EOB) code explaining the reduction in payment due to spenddown	
DTL-START-TIME	The time the service began	
DTL-STAT-IND	The current status of the detail	
DTL-STOP-TIME	The time the service ended	
DTL-SURFACE	A code that identifies on which part (surface) of the tooth the procedure was performed	
DTL-TDOS	The last date of service billed for the detail	
DTL-THER-CLAS-2	The general category to which the drug dispensed is assigned	
DTL-TOOTH	The tooth number on dental the claim which identifies the specific tooth on which the procedure was performed	
DTL-TOS	A code indicating the Type Of Service (TOS)	
DTL-TOS-ASSIGN-IND	Indicates whether modifier processing will apply to this detail Type Of Service (TOS)	
DTL-TOT-BILL	Total charges pertaining to the Type Of Service (TOS) for the current billing period	
DTL-UB82-ACCOM-CODE	The accommodation code on a Uniform Bill (UB) claim	
DTL-UB82-NONCOV	Reflects the non-covered charges pertaining to the related revenue code	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
DTL-UB82-PCODE	The high-level data element name for the revenue code	Includes 2 bytes of filler before the revenue code.
DTL-UCR	The detail for usual, customary, and reasonable charge	
DTL-UNIT-DOSE-IND	The unit dose indicator for the Place Of Service (POS) system	
DTL-XOVER-IND	Indicates that the claim has been adjusted by Medicare	
E266-ERR	Indicates a Medicare B segment problem	
E-BENE-FSTNAME	The recipient's first name	
E-BENE-LASTNAME	The recipient's last name	
E-BENE-MIDINIT	The recipient's middle initial	
EMERG-IND	A code indicating whether this was an emergency service	
EMPL-ACC-IND	A code indicating whether this service was related to employment or an accident	
ENTRY-CLERK	The clerk ID of the person who keyed the claim or worksheet	
EPSDT-DHS-IND	A code indicating if the system is to generate a Division of Health Services (DHS) claim, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) claim, both, or neither	
EPSDT-SCRN-IND	A code indicating if this service is an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening and, if so, whether it's an initial or follow-up screening	
EXAM-CLERK	The clerk ID of the person who corrected the worksheet	
EXCLUDE-LIM-IND		Not used by the system at this time.
FEDERAL-TAX-ID	A code indicating if the services being input into the system are to be reported as family planning	
FILLER	A five-byte filler for the future expansion of the "SUBMITTED-PROVNUM" field	
FINAL-STATUS-DATE	The date the claim appeared on the Remittance Advice (RA)	Format = YYMMDD
FINAL-STATUS-DATE-	The date the claim appeared on Remittance	Format = YYDDD



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
JUL	Advice (RA) in julian date	
FIN-PAYER	A five-digit payer code indicating the source of funds for payment of the claim	
FIRST-TREAT-DATE	The date the provider first saw the recipient for the condition indicated by the "FIRST-TREAT-DATE-IND"	
FIRST-TREAT-DATE-IND	A code which indicates the type of condition requiring treatment such as pregnancy, injury, dialysis, etc	
HDR-ALLOW-AMT	The maximum allowed amount for the claim based on pricing logic	
HDR-BENE-EXT-COVER	Indicates whether the recipient had extended coverage due to specific circumstances	
HDR-CA-SPECIAL--EXEM	Indicates whether the recipient had extended coverage due to hurricane Floyd and that the claim by passed many Carolina Access (CA) edits	
HDR-COPAY-CUT-AMT	The amount of the claim for which the patient is responsible. This varies depending on the claim type, services, recipient's age, etc	
HDR-COPAY-CUT-EOB	An Explanation Of Benefits (EOB) code which explains that copay amounts have been applied to the claim	
HDR-COV-DAYS	The number of days covered on the claim	
HDR-DIAG1	The International Classification of Diseases (ICD)-9-CM code that describes the physician's primary diagnosis	
HDR-DIAG2	The IC International Classification of Diseases (ICD)D-9-CM code that describes the physician's secondary diagnosis	
HDR-DIAG3	The International Classification of Diseases (ICD)-9-CM code that describes the physician's third diagnosis	
HDR-DIAG4	The International Classification of Diseases (ICD)-9-CM code that describes the physician's fourth diagnosis	
HDR-DIAG5	The International Classification of Diseases (ICD)-9-CM code that describes the physician's fifth diagnosis	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
HDR-DIAG6	The International Classification of Diseases (ICD)-9-CM code that describes the physician's sixth diagnosis	
HDR-DIAG7	The International Classification of Diseases (ICD)-9-CM code that describes the physician's seventh diagnosis	
HDR-DIAG8	The International Classification of Diseases (ICD)-9-CM code that describes the physician's eighth diagnosis	
HDR-DIAG9	The International Classification of Diseases (ICD)-9-CM code that describes the physician's ninth diagnosis	
HDR-DIAG-CODE	The International Classification of Diseases (ICD)-9-cm code that describes the physician's diagnosis.	Occurs 9 times.
HDR-DUPE-CKDATE	The paid date for the claim in history that is a duplicate of the current claim	
HDR-DUPE-EOB	An Explanation Of Benefits (EOB) code that specifies the disposition of a claim that is a duplicate of this claim	
HDR-DUPE-ICN	The Internal Control Number (ICN) of a claim that is a duplicate of this claim	
HDR-DUPE-ICN-PAYER	Financial payer key with the dupe Internal Control Number (ICN)	
HDR-ELIG-DAYS	Indicates the number of days on the claim that don't exceed the limits of eligibility	
HDR-ERR-FIELD-STAT	The error status of the claim indicating no errors, suspended, denied, etc	
HDR-ERR-FLAG	Indicates whether the Error Status Code (ESC) is an edit or audit and whether it was overridden or denied	Occurs 10 times.
HDR-ERR-NUM	A code that identifies the reason for which the claim failed an edit or audit	Occurs 10 times.
HDR-FDOS	The First Date Of Service (FDOS) billed on the claim	
HDR-FP-COS	The Family Planning (FP) Category Of Service (COS) assigned to each claim. Determines financial participation rate for Federal, State, and county	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
HDR-FP-PCT	The Family Planning (FP) percentage assigned by the system depending on the services provided	
HDR-G-PAYABLE-AMT	The gross payable amount for the claim	
HDR-INS-AMT	The other insurance payment keyed from the claim	
HDR-INS-CUT-AMT	The amount the claim payment was reduced due to other insurance payment	
HDR-INS-CUT-EOB	An Explanation Of Benefits (EOB) indicating the reason for the cutback in payment due to other insurance	
HDR-KEY-EOB-CONF	A keyed Explanation Of Benefits (EOB) confirmation code confirming the denial of the claim	
HDR-KEY-EOB-NUM	An Explanation Of Benefits (EOB) that is keyed on the header during data entry	
HDR-KEY-EOB-STAT	A code that indicates whether the Explanation Of Benefits (EOB) is a denial EOB, informational EOB, returned, etc	
HDR-LEG-CUT-AMT	The amount that is reduced from the net payable amount as dictated by legislature	
HDR-LEG-CUT-EOB	An Explanation Of Benefits (EOB) that indicates the reason for a legislative limit cutback	
HDR-LEG-LIMIT-PCT	The percentage rate set for certain claim types and procedures	
HDR-LENGTH-STAY	The number of days a recipient is institutionalized	
HDR-LIAB-CUT-AMT	The portion of the amount allowed for the claim being deducted due to patient liability	
HDR-LIAB-CUT-EOB	An Explanation Of Benefits (EOB) that explains the liability cutback amount	
HDR-MAJ-EOB-EXPAND	Other Explanation Of Benefits (EOB)s on the claim	Occurs 9 times.
HDR-MAJ-EOB-HIPAA-NUM	A five-digit Explanation Of Benefits (EOB) that Health Insurance and Portability and Accountability Act (HIPAA) wants reported to providers	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
HDR-MAJ-EOB-NUM	The Explanation Of Benefits (EOB) that appears on the Remittance Advice (RA) on the header	
HDR-MAJ-EOB-STAT	A code that indicates whether the Explanation Of Benefits (EOB) is a denial EOB, informational EOB, returned, etc	
HDR-MAJ-STAT-EXPAND	A code that indicates whether the Explanation Of Benefits (EOB) is a denial EOB, informational EOB, returned, etc	Occurs 9 times.
HDR-MCAID-SHARE	Reflects the Medicaid amounts for mental health	
HDR-MH-CUT-AMT	The amount mental health claims are reduced for mental health offset	
HDR-MPAP-CUT-AMT	The amount of reduction in payment on the claim due to medical policy	
HDR-MPAP-CUT-EOB	An Explanation Of Benefits (EOB) that explains a cutback due to medical policy	
HDR-MPAP-OVR	A code that identifies medical policy overrides on the claim	
HDR-NET-BILL	The billed amount as calculated by the system	
HDR-NONCOV-AMT	The amount on the claim not covered by Medicaid	
HDR-NONCOV-DAYS	The number of days on the claim that are non-covered	
HDR-N-PAYABLE-AMT	The net payable amount on the claim	
HDR-PAID-AMT	The amount paid by Medicaid for the claim	
HDR-PAT-LIAB-AMT	The monthly income that nursing home recipients may have applied to their claims	Deducted from the amount Medicaid would otherwise pay.
HDR-POP-PAYER	Indicator type field that will identify if a claim contains one or more population groups	If the claim only has one population group, this field will display that value. If the claim has multiple population groups within this financial payer, this field will be initialized/empty.
HDR-POSTOP-FROM-DATE	Starting date of post-op treatment	
HDR-POSTOP-TO-	Ending date of post-op treatment	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
DATE		
HDR-PROF-COMP	A fee added to the drug price for the pharmacy's compensation	
HDR-PROF-COMP-CUT-AM	The payment reduction amount due to the professional component not being paid on refills	
HDR-PROF-COMP-CUT-EO	An Explanation Of Benefits (EOB) that explains the reduction in payment on a drug claim due to the professional component	
HDR-PROV-DISC-AMT	Discount amount due to provider discount percentage	
HDR-PTS-REQ-MODS	Indicates whether or not the provider type/specialty is required to bill with modifiers	
HDR-REG-COS	The Category Of Service (COS) assigned to each claim based upon the provider type and claim type. Determines the financial participation rate	
HDR-SPECIAL-PRICING-IND	Indicates when certain inpatient claims should be priced Ratio Cost to Charge (RCC) or per diem type and claim type. Determines the financial participation rate	
HDR-SPEND-AMT	The amount of spenddown applied to the claim	
HDR-SPEND-CUT-AMT	The reduction in payment on the claim due to spenddown	
HDR-SPEND-CUT-EOB	An Explanation Of Benefits (EOB) which explains the reduction in payment due to spenddown	
HDR-SPEND-DTE	The date taken from the DM854-20 form indicating when the recipient became eligible for Medicaid benefits	
HDR-TDOS	The last date of service billed on the claim	To Date Of Service (TDOS)
HDR-TOT-BILL	The total charges on the claim	
HDR-TOT-BILL-ORIG	The amount of the original total bill on the claim	
HEAR-AID-EVAL-FORM-I	Indicates whether the provider has a form on file with the results of a hearing aid evaluation	
HIC-SUFFIX	The alpha character at the end of the Hospital Insurance Claim (HIC) number	
HIGH-RATE	The maximum allowed amount for the detail	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
	procedure code per unit	
HMO-FP-EDIT-IND	Indicates whether the Family Planning (FP) edit is to be performed on claims for a Health Maintenance Organization (HMO) recipient.	Based on the diagnosis & procedure code.
ICN	The unique Internal Control Number (ICN) assigned to the claim	
ICN-BATCH	The portion of the Internal Control Number (ICN) unique to the claim type	
ICN-CKDG	A numeric digit which is the result of an algorithm that ensures that the Internal Control Number (ICN) is accurately keyed	
ICN-JUL	The Julian year and day of the year on which the claim was received	Jullian date. Format = YYDDD
ICN-REG	The region assigned to the claim depending on the method in which it was received or generated	
ICN-SEQ	The sequence number of the claim within the batch	
IMMUNIZE-STAT	A field keyed from the old Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) form which indicates if a child's immunizations are current	
INP-DRG-CODE	The diagnosis related group code assigned to the claim	
INS-IND	A code indicating if the recipient has other insurance	
INT-CHECK-NUM	System internal check number	
K-BENE-FSTINIT	The initial of recipient's first name	
K-BENE-LASTNAME	The first five characters of the recipient's last name	
LAST-SCRN-DATE	A field on the old Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) form to indicate the date of the child's last EPSDT screening	
LAST-SCRN-REF	A field on the old Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) form to indicate if the previous screening resulted in a referral to another provider	
LOC-25-IND	Indicates when the claim should be sent to error	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
	location 25	
LOC-AGE	Identifies the length of time a claim has been in a system location	Occurs 15 times.
LOC-CODE	The internal system location of the claim	Occurs 15 times.
LOC-DATE	The date the claim entered the system location	Occurs 15 times.
LOC-TYPE	The system location type	Occurs 15 times.
LONG-TERM-CARE-IND	Indicates if the recipient is a resident of a long term care facility	
LOW-RATE	The minimum rate allowed for the detail procedure code per unit	
MAMM-CERT-NUM	The number assigned to a provider certified to perform mammographies	
MANAGED-CARE-IND-ONE	Identifies which managed care plan(s) the recipient is enrolled in on the date of service	
MANAGED-CARE-IND-TWO	Identifies which managed care plan(s) the recipient is enrolled in on the date of service	
MANAGED-CARE-INFO		Occurs 3 times – data removed unused.
MCARE-A-IND	Identifies the recipient's part A indicator on the eligibility file at the time the claim was processed	
MCARE-ASSIGN	Indicates whether Medicare assignment is accepted	
MCARE-BI-COV-IND	Identifies the presence/absence of buyin coverage for the dates of service	
MCARE-B-IND	Identifies the recipient's part B indicator on the eligibility file at the time the claim was processed	
MCARE-DTL-ALLOWED	The amount Medicare allowed on the detail	
MCARE-DTL-BILLED	The amount billed to Medicare on the detail on cross-over claims	
MCARE-DTL-COINS	The amount of coinsurance on the detail on the cross-over claim	
MCARE-DTL-DEDUCT	The amount of the Medicare deductible for the detail on a cross-over claim	
MCARE-DTL-EOB	The Explanation Of Benefits (EOB) assigned to	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
	the detail on cross-over claims by Medicare	
MCARE-DTL-PAID	The amount Medicare paid for the detail on the cross-over claim	
MCARE-EOB	The Explanation Of Benefits (EOB) assigned to cross-over claims by Medicare	
MCARE-ICN	The unique Internal Control Number (ICN) which Medicare assigned to the cross-over claim when making their payment	
MCARE-NONCOV-AMT	The amount that is not covered by Medicare on cross-over claims	
MCARE-PAY-DATE	The date the claim was paid by Medicare	
MCARE-PROV-NUM	The provider number to which Medicare paid the cross-over claim	
MCARE-STATUS	A code that indicates Medicare's disposition of the cross-over claim	
MCARE-TOT-BILL	The total amount billed to Medicare on a cross-over claim	
MCARE-TOT-COINS	The amount of co-insurance on a Medicare cross-over claim	
MCARE-TOT-DED	The Medicare deductible amount due on the cross over claim	
MCARE-TOT-PAY	The amount paid by Medicare on cross-over claims	
MC-EFF-DATE	The date the recipient's enrollment in the Managed Care (MC) plan is effective	Occurs three times on the claim record.
MC-END-DATE	The date the recipient's enrollment in the Managed Care (MC) plan is ended	Occurs three times on the claim record.
MC-PLAN-CATEGORY	Indicates the type of Health Maintenance Organization (HMO) the recipient is enrolled in for Managed Care (MC)	Occurs three times on the claim record.
MC-PLAN-NUM	Designates the Health Maintenance Organization (HMO) to which the recipient belongs for Managed Care (MC) or the reason the recipient is not enrolled in an HMO	13 bytes on the claim record.
MED-REC-NUM	A number submitted by the provider, keyed, and sent back to the provider on the Remittance Advice (RA) to assist in identification of the recipient	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
MINI-CYC-IND	A code that identifies the cycle through which the claim will process	Currently always a value of “2” for the medical policy cycle.
MINI-SORT-KEY	Financial sort key	
NEWCLM-IND	A code identifying whether the claim is in its first processing cycle or has been through multiple cycles	
NEXT-SCREEN-DATE	The date a recipient is scheduled for their next health check screening	
NEXT-SCRN-MMYY	The next screening date as obtained from the old Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) form	
NON-AMB-STMT-IND	Indicates whether the patient was ambulatory at the time of the service	
NUM-PTS-SEEN	A count of the number of patients in one facility seen by the provider on the date of service	
NUM-TIMES HELD	The number of times the claim has been held from financial payment	
NUM-TIMES HELD- NUM	The number of times the claim has been held from financial payment	
ODTL-BILL-AMT	The billed amount on the detail of the original claim being adjusted	
ODTL-CONV-FACTOR	Original unit conversion factor on an adjusted claim	
ODTL-COPAY	The amount of patient copay liability on the detail of the original claim	This varies depending on claim type, service, etc.
ODTL-COV-DAYS	The number of days covered on the detail on the original claim	
ODTL-FDOS	Detail First Dates Of Service (FDOS) on the original claim	Only used for adjustments.
ODTL-FP-IND	A code indicating if the service on the original detail related to Family Planning (FP)	This determines federal participation dollars.
ODTL-INS	The other insurance amount applied to the detail on the original claim being adjusted	
ODTL-LVL3-RVS-UNITS	Original units on an adjustment claim	
ODTL-PAID-AMT	The amount paid by Medicaid on the detail on the original claim	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
ODTL-PCODE	Detail procedure code on the original claim	Only used for adjustments.
ODTL-SPEND	The spenddown amount applied to the original detail being adjusted	
ODTL-SUB-CON-NO	The unique number assigned by the provider to the original claim being adjusted to track claims	
ODTL-UB82-NONCOV	Reflects the non-covered charges pertaining to the related revenue code on the original claim being adjusted	
OHDR-BENE-AID-CAT	The recipient's aid category as recorded on the original claim being adjusted	
OHDR-BENE-BUDGET-AID	The recipient's budget aid code as recorded on the original claim being adjusted	
OHDR-BENE-CNTY	The county in North Carolina in which the recipient resided at the time the original claim, being adjusted, was filed	
OHDR-BENE-MID	The Medicaid Identification (MID) number used on the original claim being adjusted	
OHDR-BENE-MONEY	The recipient program class recorded on the original claim being adjusted	
OHDR-BENE-PGM	The entire five-bytes program code recorded on the original claim being adjusted	
OHDR-BENE-SSI-STAT	The recipient's Supplemental Security Income (SSI) status as recorded on the original claim being adjusted	
OHDR-BILL-AMT	The total amount billed on the original claim being adjusted	
OHDR-COPAY	The amount of patient copay liability on the original claim	This varies depending on claim type, service, recipient age, etc.
OHDR-FDOS	The First Date Of Service (FDOS) on the original claim	
OHDR-FIN-PAYER-CODE	Financial payer code for the adjustment data from the original claim	
OHDR-FP-COS	Family Planning (FP) Category Of Service (COS) assigned to the original claim	
OHDR-FP-PCT	The Family Planning (FP) percentage assigned by the system to the original claim	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
OHDR-ICN	The Internal Control Number (ICN) of the original claim being adjusted	
OHDR-INS	The other insurance amount applied to the original claim being adjusted	
OHDR-LIAB	The amount of patient liability deducted from the original claim being adjusted	
OHDR-MCAID-SHARE	Reflects the Medicaid amount of mental health claim	
OHDR-NON-MCAID-SHA	Reflects the non Medicaid amount of mental health claim	
OHDR-PAID-AMT	The amount paid by Medicaid on the original claim being adjusted	
OHDR-PAYDATE	The date the original claim being adjusted was paid	
OHDR-PROV-ALPHA	The alpha character at the end of the original billing provider number of the claim being adjusted	
OHDR-PROVNUM	The eight-character provider number of the billing provider on the original claim being adjusted	
OHDR-PROV-NUM	The seven-digit provider number of the billing provider on the original claim being adjusted	
OHDR-REG-COS	The regular Category Of Service (COS) assigned to the original claim based upon the provider type and claim type	
OHDR-SPND	The spenddown amount deducted from the original claim being adjusted	
OHDR-TDOS	The last date of service on the original claim	To Date Of Service (TDOS)
PA-ERR-IND	Indicates the type of Prior Approval (PA) error encountered	
PA-IND	A code which indicates the necessity of Prior Approval (PA)	
PA-NUM	A number used to grant Prior Approval (PA) for various types of services	
PA-SRN-NUMBER	Service Request Number (SRN) used to post usage for Prior Approval (PA)	
PATIENT-STATUS	A code indicating the patient's status as of the	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
	last date of service on the claim	
PAT-LIAB-CONTIG-IND	A code indicating that the patient liability is contiguous	
PAT-LIAB-IND	A code that indicates whether the provider submitted a valid patient liability amount of the claim	
PAYER-CODE	Identifies the payer of the claim	
PAYOUT-FUNDING-COD	Identifies the distribution of paid amounts to Federal, State and county, on the payout claim	
POS-CMPD-IND	Identifies drug as a compound for Place Of Service (POS) system	
POS-DUR-CONF-CODE	A code indicating the utilization conflict between medications	Occurs 3 times.
POS-DUR-INTRVN-CODE	Place Of Service (POS) code that identifies the pharmacist interaction when a conflict code has been identified	
POS-DUR-OUTCM-CODE	Place Of Service (POS) code that identifies the action taken by the pharmacist when a conflict code has been identified	
PRIMARY-DIAGNOSIS	The International Classification of Diseases (ICD)-9-CM code which describes the physician's primary diagnosis	
PRIME-ERR	The Error Status Code (ESC) identifying the primary or most severe error condition	Occurs 15 times.
PRIORITY-INDICATOR	A code identifying a claim priority	Nine (9) being the highest.
PRM-ERR-FLG	Indicates whether the Error Status Code (ESC) is an edit or audit and whether it was overridden or denied	Occurs 15 times.
PROCESSING-TIME	Indicates days from claim Internal Control Number (ICN) Julian date until the final-status-date, time it took to process claims	
PROV-AREA-B	Plugged from the provider file	Usually this is the provider county code.
PROV-CNTY-B	The county in North Carolina in which the provider's office is located	
PROV-ENROLL-SOURCE-PAYER	The payer that enrolls the base provider	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
PROV-FIRST-NAME	The billing provider's first name	
PROV-LAST-NAME	The billing provider's last name	
PROV-MID-INIT	The billing provider's middle initial	
PROV-PSRO-NUM		HMAY
PROV-REIMBRATE-B	The reimbursement rate at which the billing provider will be paid	
PROV-SIGN-IND	A code that indicates whether or not the claim was signed	
PROV-SPEC-A	The provider specialty for the attending provider	
PROV-SPEC-B	The provider specialty for the billing provider	
PROV-SPEC-P	The specialty code to be used in pricing the claim	
PROV-STAT-B	A code that indicates the status of the provider such as retired, on review, deceased, etc	Plugged from the provider file.
PROV-STAT-DATE-B	The date that the action reason code became effective	Plugged from the provider file.
PROV-STATE-CODE	State code for the Place The Service (POS) provided by the provider	
PROV-TAX-ID	The number assigned to the provider by the Internal Revenue Service (IRS) for tax reporting purposes	Also known as TIN or EIN.
PROV-TYPE-B	A code assigned to the provider based on the practice he/she is part of, such as group, chain, individual, etc	
PROV-UPIN	Universal Provider Identification Number (UPIN) issued to the physician	This is issued to all physicians and is required on all drug claims to identify the prescribing physician.
PULL-ACCIDENT-SUSP	Identifies the claim as suspected to be accident related	
PULL-INS-CLM	A code that indicates if the recipient has other insurance	
PURGE-IND	Indicates the time limit for purging information from the medical policy history file	
RA-PRINT-IND	Identifies whether the claim is a net adjustment claim	Reflects the result of the netting to be printed on



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
		the Remittance Advice (RA).
RECID	Identifies the transaction as a particular type	
RECORD-ID-NUM	The record identification number.	Identifies record type for financial processing.
REF-IND	A code on the old Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) form which indicates if the current screening resulted in a referral to another provider	
REF-PROV-6	The first six-characters of the referring provider number	
REF-PROVNUM	The eight-character provider number of the provider that referred the recipient to the billing provider	
REFUGEE-IND	Identifies the recipient as a refugee	
REPORT-AUD-IND	Indicates that the claim failed a report audit	Claim should be reported, but pay as normal if no other error was encountered.
REST-ICN	Refers to all of the Internal Control Number (ICN) except the region	
RX-LIMIT-EXEMPT-IND	A code indicating that the recipient is exempt from the limit of six prescriptions per month	
SECONDARY-DIAGNOSIS	The International Classification of Diseases (ICD)-9-CM code which describes the physician's secondary diagnosis	
SEPARATION-COUNT	Indicator type field that identifies if a claim was separated or not	If it has been separated, this field will show how many financial payers it was separated into.
SORT-ADJ-CODE	Indicates positive and negative adjustments and whether or not to build a credit line on the Remittance Advice (RA)	
SORT-CATGY-TYPE	Financial sort field for the claim category type	
SORT-CLM-STATUS	Financial sort field for the claim status	
SORT-CLM-TYPE	Financial sort field for the claim type	
SORT-P-NUM1	Financial sort field for the claim billing provider	
SORT-P-NUM2	Financial sort field for the claim attending	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
	provider	
SOURCE-IND	A code that identifies the source of the claim data such as data entry, tape, etc	
SPEC-DETAIL-TYPE	Identifies the type of special detail such as Uniform Bill (UB)	
SPEC-DTL-CNT	The total number of special details on the claim	
STATUS-IND	A code that identifies the final disposition of the claim	
ST-EXAM-CLERK	The clerk ID of the person who entered the information into the system	
SUBMITTED-PROVNUM	The provider number that the claim was submitted under	Used in the event it is cross referenced to a new provider number.
SURG-DELIV-DATE	The date of surgery or delivery on the claim	
TEST-AUDIT-IND	A code indicating that the claim has failed an Error Status Code (ESC) marked as test only	Worksheets are generated but the claim processes as normal.
TPL-COMP-CODE	The code that identifies the specific Third Party Liability (TPL) insurance company which has first responsibility for the payment of the claim	
TPL-POL-HLDR-NAME	The name of the subscriber on the Third Party Liability (TPL) policy	
TPL-POL-HLDR-NAME-1S	The first name of the subscriber on the Third Party Liability (TPL) policy	
TPL-POL-HLDR-NAME-LA	The last name of the subscriber on the Third Party Liability (TPL) policy	
TPL-POL-HLDR-NAME-MI	The middle initial of the subscriber on the Third Party Liability (TPL) policy	
TPL-POL-NUM	The policy number assigned to the Third Party Liability (TPL) insurance policy which has first responsibility for payment of the claim	
TRANSFER-LOC	Identifies the systems location to which the claim is being transferred	
TYPE-BILL-IND	A code that identifies the type of bill	
UB-ADMIT-DIAG	The International Classification of Diseases (ICD)-9-CM diagnosis code provided at the time of admission as stated by the physician	
UB-ADMIT-	The International Classification of Diseases	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
DIAGNOSIS	(ICD)-9-CM diagnosis code provided at the time of admission as stated by the physician	
UB-CODE-METHOD	An indicator that identifies the coding method used for determining the procedure code billed	
UB-COND-CODE	A code used to identify conditions relating to the claim that may affect processing	Occurs seven times.
UB-DRG	The diagnosis related grouping code assigned to the claim by the Health Care Financing Administration (HCFA) Diagnosis Related Grouping (DRG)	
UB-DRG-ALOS	The average length of stay for the drg code from the Diagnosis Related Grouping (DRG) pricing file	
UB-DRG-AMT	The amount calculated for the Diagnosis Related Grouping (DRG)	
UB-DRG-FIRST-OR-PROC	The first operating room procedure code when used to help assign a Diagnosis Related Grouping (DRG)	
UB-DRG-MED-SURG-IND	Indicates whether the drg assigned to the claim is a medical or surgical Diagnosis Related Grouping (DRG)	
UB-DRG-OUTLIER-AMT	The outlier amount calculated for the Diagnosis Related Grouping (DRG)	
UB-DRG-OUTLIER-CODE	The code identifying whether the outlier amount is for a cost outlier or a day outlier for the Diagnosis Related Grouping (DRG)	
UB-DRG-OUTLIER-NONCO	The amount of Medicaid non-covered charges that are backed out of the total charges before the cost outlier amount is calculated fo the Diagnosis Related Grouping (DRG)	
UB-DRG-REPLACEMT-ICN	The Internal Control Number (ICN) of the claim that triggered a system generated Diagnosis Related Grouping (DRG) recoupment	
UB-DRG-VERSION	The version of the Health Care Financing Administration (HCFA) Diagnosis Related Grouping (DRG) used to obtain the DRG code	
UB-DRG-WEIGHT	The weight of the Diagnosis Related Grouping (DRG) from the DRG pricing field	
UB-DRG-WEIGHT-PAYER	Payer code on the Diagnosis Related Grouping (DRG) weight file used	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
UB-E-CAUSE-OF-INJURY	THE International Classification of Diseases (ICD)-9-CM code for the external cause of injury, poisoning, or adverse effect	
UB-E-DIAG	The International Classification of Diseases (ICD)-9-CM code for the external cause of injury, poisoning, or adverse effect	
UB-MDC	A general grouping of DRG codes assigned to the claim by the Health Care Financing Administration (HCFA) Diagnosis Related Grouping (DRG)	
UB-MED-REC-NUM	The record number on a Uniform Bill (UB) claim	Submitted by the provider, keyed, and sent back to the provider on the Remittance Advice (RA) to aid him in identifying the recipient.
UB-OCCUR-CODE	A code defining a significant event relating to the claim which may affect processing	Occurs eight times.
UB-OCCUR-DATE	The date associated with an occurrence code giving the date a significant event relating to this claim occurred	Occurs eight times.
UB-ORIG-ICN-NUMBER	The control number assigned to the original bill by the payor or the payor's intermediary	Occurs three times.
UB-OTHER-PHYS-ID	The Universal Provider Identification Number (UPIN) and name of the physician who performed the principal procedure	
UB-PAT-EMPL-ADDRESS	Specific location of the insured's employer	
UB-PAT-EMPLOYER	The name of the insured's employer	
UB-PAT-EMPL-STATUS	An indicator defining the employment status of the insured	
UB-PAT-SSN-HIC-ID	The group ID number of the insurance company that paid the Uniform Bill (UB) claim	
UB-PAYOR-ASS-BENE	A code showing whether the provider has a signed form authorizing the third party payor to pay the provider	
UB-PAYOR-CARRIER-COD	The carrier code that identifies the specific other payor on the claim	Occurs three times.
UB-PAYOR-CLASS-CODE	The type of payor that made the other insurance payment	Occurs three times.



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
UB-PAYOR-EST-AMT-DUE	The amount estimated by the provider to be due from the indicated payor	
UB-PAYOR-INS-GRP-NAM	The name of the group or plan through which insurance is provided to the insured	Occurs three times.
UB-PAYOR-INS-GRP-NUM	Identification number assigned by insurance carrier to identify the group under which the individual is covered	Occurs three times.
UB-PAYOR-INS-NAME	The individual in whose name the insurance is carried.	Occurs three times.
UB-PAYOR-PRIOR-PMTS	The amount the provider has received toward payment of the bill before billing Medicaid	
UB-PAYOR-PROV-NUMBER	The number assigned to the provider by the Third Party Liability (TPL) payor	
UB-PAYOR-REL-OF-INFO	A code indicating whether the provider has permission to release data to other organizations in order to finalize the claim	Occurs three times.
UB-PAYOR-REL-TO-INS	A code indicating the relationship of the patient to the insured	Occurs three times.
UB-PCODE	The procedure code listed on a Uniform Bill (UB) 92 claim form to describe the specific service performed, such as surgery, etc	Occurs six times.
UB-PCODE1	The first procedure code listed on a Uniform Bill (UB) 92 claim form to describe the specific service performed, such as surgery, etc	
UB-PCODE-1-DATE	The date on the Uniform Bill (UB) 92 claim form indicating the first inpatient procedure listed was performed	
UB-PCODE2	The second procedure code listed on a Uniform Bill (UB) 92 claim form to describe the specific service performed, such as surgery, etc	
UB-PCODE-2-DATE	The date on the Uniform Bill (UB) 92 claim form indicating the second inpatient procedure listed was performed	
UB-PCODE3	The third procedure code listed on a Uniform Bill (UB) 92 claim form to describe the specific service performed, such as surgery, etc.	



<b>Data Definition File – Claims Update Data – HMAY0001</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
UB-PCODE-3	The third procedure code listed on a Uniform Bill (UB) 92 claim form to describe the specific service performed, such as surgery, etc	
UB-PCODE-3-DATE	The date on the Uniform Bill (UB) 92 claim form indicating the third inpatient procedure listed was performed	
UB-PCODE4	The fourth procedure code listed on a Uniform Bill (UB) 92 claim form to describe the specific service performed, such as surgery, etc	
UB-PCODE-4	The fourth procedure code listed on a Uniform Bill (UB) 92 claim form to describe the specific service performed, such as surgery, etc	
UB-PCODE-4-DATE	The date on the Uniform Bill (UB) 92 claim form indicating the fourth inpatient procedure listed was performed	
UB-PCODE5	The fifth procedure code listed on a Uniform Bill (UB) 92 claim form to describe the specific service performed, such as surgery, etc	
UB-PCODE-5	The fifth procedure code listed on a Uniform Bill (UB) 92 claim form to describe the specific service performed, such as surgery, etc	
UB-PCODE-5-DATE	The date on the Uniform Bill (UB) 92 claim form indicating the fifth inpatient procedure listed was performed	
UB-PCODE6	The sixth procedure code listed on a Uniform Bill (UB) 92 claim form to describe the specific service performed, such as surgery, etc	
UB-PCODE-6	The sixth procedure code listed on a Uniform Bill (UB) 92 claim form to describe the specific service performed, such as surgery, etc	
UB-PCODE-6-DATE	The date on the Uniform Bill (UB) 92 claim form indicating the sixth inpatient procedure listed was performed	
UB-PCODE-DATE	The date on the Uniform Bill (UB) 92 claim form indicating a specific procedure was performed while the recipient was an inpatient	Occurs six times.
UB-RESP-PARTY	The name and address on the Uniform Bill (UB) 92 claim form indicating the party responsible for the bill	
UB-SPAN-CODE	A code on the Uniform Bill (UB) 92 claim form identifying an event that related to the payment	Occurs two times.



Data Definition File – Claims Update Data – HMAY0001		
Data Element/Structure	Definition/Explanation	Comments
	of the claim	
UB-SPAN-FROM-DATE	The beginning date on the Uniform Bill (UB) 92 claim form associated with “UB-SPAN-CODE” identifying the first date of the occurrence	Occurs two times.
UB-SPAN-THRU-DATE	The beginning date on the Uniform Bill (UB) 92 claim form associated with “UB-SPAN-CODE” identifying the first date of the occurrence	Occurs two times.
UB-VALUE-AMT	Used with value code on the Uniform Bill (UB) 92 claim form to indicate special processing requirements	Occurs 12 times.
UB-VALUE-CODE	A code structure on the Uniform Bill (UB) 92 claim form to relate amounts or values to identify data elements necessary to process the claim	Occurs 12 times.
UNIFORM-BILL-INDICAT	An indicator which identifies this as a Uniform Bill (UB) claim	
VACCINE-DOSAGE	The dosage number of the immunization	
VACCINE-PURCHASE-IND	An indicator on Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) claims indicating the provider purchased his own vaccine rather than having it supplied by the health department	
WITH FILLER FOR PROVIDER EXPANSION	The Current Procedural Terminology (CPT)-4 (revision 4) code describing the service billed on the detail	

#### 4.1.3 Client Cross-Reference File

##### 4.1.3.1 Copybook IPKYXREF

The following copybook is a condensed version. It contains all unique line items in sequential order as found in the complete copybook. To view the complete copybook, see the Compact Disk (CD), under the "Copybooks" directory, IPKYXREF.doc.

RECORD LAYOUT DATASET : PDSRA.HMXCM.IPRSDEV.TEST.COPY  
MEMBER : IPKYXREF

----- FIELD LEVEL/NAME -----	--PICTURE--	FLD	START	END	LENGTH
(PREF) CLIENT-XREF-RECORD			1	3013	3013
5 (PREF) CLIENT-XREF-RECORD	GROUP	1	1	3013	3013



10 (PREF) CLIENT-REC-KEY	GROUP	2	1	16	16
15 (PREF) CLIENT-XREF-ID	X(11)	3	1	11	11
15 (PREF) CLIENT-ELIG-BASE	X(5)	4	12	16	5
10 (PREF) CLIENT-SOURCE	X(4)	5	17	20	4
10 (PREF) CLIENT-BASE-FLAG	X	6	21	21	1
10 (PREF) CLIENT-MMIS-FLAG	X	7	22	22	1
10 (PREF) CLIENT-LMA-NBR	GROUP	8	23	35	13
15 (PREF) CLIENT-LMA	X(8)	9	23	30	8
15 (PREF) FILLER	X(5)	10	31	35	5
10 (PREF) CLIENT-UPDATE-DATE	9(8)	11	36	43	8
10 (PREF) CLIENT-XREF-IDS (1) OCCURS 99 TIMES					
	GROUP	12	44	73	30
15 (PREF) XREF-CLIENT-ID(1)	X(11)	13	44	54	11
15 (PREF) XREF-SOURCE(1)	X(4)	14	55	58	4
15 (PREF) XREF-CLIENT-BASE-FLAG(1)	X	15	59	59	1
15 (PREF) XREF-CLIENT-MMIS-FLAG(1)	X	16	60	60	1
15 (PREF) XREF-LMA-NBR(1)	GROUP	17	61	73	13
20 (PREF) XREF-LMA(1)	X(8)	18	61	68	8
20 (PREF) FILLER(1)	X(5)	19	69	73	5

#### 4.1.3.2 Data Element Definitions

Data Definition File – IPRS Cross-Reference Master File – IPKYXREF		
Data Element/Structure	Definition/Explanation	Comments
CLIENT-BASE-FLAG	Indicates whether the ID contained in record key is a base ID or local ID	Blank – local ID X – active base ID I – inactive base ID
CLIENT-ELIG-BASE	Eligibility source payer	NCDMH – IPRS
CLIENT-LMA	Local Managing Area (LMA) number associated with local ID in the record key	Only populated when the record key holds a local ID.
CLIENT-LMA-NBR	Local Managing Area (LMA) number segment start	



<b>Data Definition File – IPRS Cross-Reference Master File – IPKYXREF</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
CLIENT-MMIS-FLAG	Indicates if the ID contained in record key shares dual eligibility in Medicaid Management Information System (MMIS) and Integrated Payment and Reporting System (IPRS)	Blank - local ID X – active base ID I – inactive base ID
CLIENT-REC-KEY	Record key segment start	
CLIENT-SOURCE	Indicates record type for the ID contained in the record key	Valid only for record keys containing local IDs. Valid values are Local Managing Area (LMA), ARC, MRMI
CLIENT-UPDATE-DATE	The date when 834 or online update transaction was processed	
CLIENT-XREF-ID	Base ID or 11-digit local ID contained in the record key	
CLIENT-XREF-IDS	Xref segment start	Holds up to 99 associated xrefs with ID in record key.
CLIENT-XREF-RECORD	Xref record segment start	
XREF-CLIENT-BASE-FLAG	Indicates whether the ID contained in the xref is a base ID or local ID	Blank – local ID X – active base ID I – inactive base ID
XREF-CLIENT-ID	Xref Base ID or 11-digit local ID associated with the ID in record key	
XREF-CLIENT-MMIS-FLAG	Indicates if the ID contained in the xref shares dual eligibility in Medicaid Management Information System (MMIS) and Integrated Payment and Reporting System (IPRS)	Blank - local ID X – active base ID I – inactive base ID
XREF-LMA	Local Managing Area (LMA) number associated with the local ID in the xref	Only populated when xref holds a local ID.
XREF-LMA-NBR	Xref Local Managing Area (LMA) number segment start	
XREF-SOURCE	Indicates record type for the ID in the xref	Valid only for xrefs containing local IDs. Valid values are Local Managing Area (LMA), ARC, MRMI



#### 4.1.4 Provider Cross-Reference File

##### 4.1.4.1 Copybook HMOYPX01

```
RECORD LAYOUT DATASET : PDSRA.HMXCM.PROD.COPY
 MEMBER : HMOYPX01
 FIELD
----- FIELD LEVEL/NAME ----- -PICTURE- -NUMBER START      END LENGTH
(PREF) BASE-XREF
5 (PREF) BASE-XREF          GROUP        1      1    100   100
  10 (PREF) CHANGE-CODE     X           2      1      1       1
  10 (PREF) CHANGE-KEY      GROUP        3      2      58    57
    15 (PREF) OLD-BASE-PROVNUM X(13)      4      2      14    13
    15 (PREF) OLD-FIN-PAYER  X(5)       5      15     19      5
    15 (PREF) DATE-ADDED    X(8)       6      20     27      8
    15 (PREF) TIME-ADDED   9(7)       7      28     34      7
    15 (PREF) NEW-BASE-PROVNUM X(13)      8      35     47    13
    15 (PREF) NEW-BASE-FIN-PAYER
                                X(5)       9      48     52      5
    15 (PREF) NEW-BASE-PROV-TYPE
                                XXX       10     53     55      3
    15 (PREF) NEW-BASE-PROV-SPEC
                                XXX       11     56     58      3
  10 (PREF) SYS-MSG         X(20)      12     59     78    20
  10 (PREF) CLERK-ID        X(4)       13     79     82      4
  10 (PREF) AVAILABLE-IND  X           14     83     83      1
  10 (PREF) BATCH-DATE      X(8)       15     84     91      8
  10 FILLER                 X(9)       16     92    100      9
```

##### 4.1.4.2 Data Element Definitions

Data Definition File – Provider Cross Reference File – HMOYPX01		
Data Element/Structure	Definition/Explanation	Comments
AVAILABLE-IND	System used indicator to prevent multiple changes to same base	
BASE-XREF	The group level of xref record	
BATCH-DATE	The date the change was added to the file	
CHANGE-CODE	The action code for change	
CHANGE-KEY	The group level of change key	
CLERK-ID	The clerk ID (user) entering in change	



Data Definition File – Provider Cross Reference File – HMOYPX01		
Data Element/Structure	Definition/Explanation	Comments
DATE-ADDED	The date the record was added to the Virtual Storage Access Method (VSAM) file	
NEW-BASE-FIN-PAYER	The new financial payer for the base provider	
NEW-BASE-PROVNUM	The new provider number base	
NEW-BASE-PROV-SPEC	The specialty code for base provider	
NEW-BASE-PROV-TYPE	The provider type code for the base provider	
OLD-BASE-PROVNUM	The old base provider number	
OLD-FIN-PAYER	The old financial payer	
SYS-MSG	A system message generated if the record was successfully added	
TIME-ADDED	Time the record was added to the Virtual Storage Access Method (VSAM) file	

#### 4.1.5 IPRS ECHO File

##### 4.1.5.1 Copybook HMDY3051

```
01  IPAYECHO-FILE-LAYOUT.  
    05  (PREF) ECHO-KEY-AREA.  
        10  (PREF) ECHO-KEY-AREA1.  
            15  (PREF) ECHO-SUBMITTED-MID      PIC X(11).  
            15  (PREF) ECHO-FDOS             PIC X(08).  
            15  (PREF) ECHO-PROC=CODE        PIC X(05).  
            15  (PREF) ECHO-PCODE-MOD.  
                20  (PREF) ECHO-PCODE-MOD1    PIC X(02).  
                20  (PREF) ECHO-PCODE-MOD2    PIC X(02).  
                20  (PREF) ECHO-PCODE-MOD3    PIC X(02).  
                20  (PREF) ECHO-PCODE-MOD4    PIC X(02).  
            15  (PREF) ECHO-ATTN-PROVNUM   PIC X(08).  
            15  (PREF) ECHO-ATTN-EXT-NUM   PIC X(05).  
            15  (PREF) ECHO-SUBMITTED-PROVNUM.  
            15  (PREF) ECHO-SUBM-PROVNUM   PIC X(08).  
            15  (PREF) ECHO-SUBM-EXT-NUM   PIC X(05).  
            15  (PREF) ECHO-TOT           PIC X(02).  
        10  (PREF) ECHO-KEY-AREA2.  
            15  (PREF) ECHO-BILLED-AMOUNT  PIC 9(07)V99.  
        10  (PREF) ECHO-KEY-AREA3.  
            15  (PREF) ECHO-ICN          PIC X(15).  
    05  (PREF) ECHO-DATA-AREA.  
        10  (PREF) ECHO-SUBMITTERS-ID   PIC X(38).  
        10  (PREF) ECHO-LINE-ITEM-CNTL-NO PIC X(30).  
        10  (PREF) ECHO-TRAD-PARTNER-ID PIC X(25).  
        10  (PREF) ECHO-LAST-UPDATE-DATE PIC X(08).  
        10  (PREF) ECHO-ORIG-SERVICE-TYPE PIC X(02).  
        10  (PREF) ECHO-NUM-SVCS-BILLED PIC 9(04).
```



10 FILLER

PIC X(49).

#### 4.1.5.2 Data Element Definitions

Data Definition File – IPRS ECHO Data – HMDY3051		
Data Element/Structure	Definition/Explanation	Comments
ATTN-EXT-NUM	Added space for expanding the provider number	
ATTN-PROVNUM	The provider number for the attending physician	
BILLED-AMOUNT	The amount billed for the claim detail	
ECHO-TOT	The Type Of Treatment (TOT)	
FDOS	The First Date of Service (FDOS)	
ICN	The Internal Control Number (ICN) for the claim	
LAST-UPDATE-DATE	The last date of activity on the claim	
LINE-ITEM-CNTL-NO	The line item control number	
NUM-SVCS-BILLED	The number of services billed for this claim detail	
ORIG-SERVICE-TYPE	The original service type	
PCODE-MOD1-2-3-4	Procedure code modifiers 1, 2, 3, and 4	
PROC-CODE	Procedure code	
SUBM-EXT-NUM	Added space for expanding the provider number	
SUBMITTED-MID	The clients medical ID number assigned by the submitter	
SUBMITTERS-ID	The ID of the submitting Local Management Authority (LMA)	
SUBM-PROVNUM	The submitters provider number	
TRADE-PARTNER-ID	TPA number	



## DOCUMENT CHANGE LOG

Draft versions have no approval authority and may contain many iterations before approval authority.

<b>Version</b> (Major changes are new versions)	<b>Approval Date</b> (mm/dd/yy)	<b>Changed By</b> (Person who made the changes for this version)	<b>Approval</b> (Approving Authority (name) – may be “N/A”)	<b>Reason</b> (List major change reasons only)
Draft	xx/xx/xx	Russell E. Blackburn Jr.		Initial document creation and updates until v1.0 approval.
Draft	11/09/01	Michael T. Boulton		Add Copybooks and Data Element Definitins for HMDY3051, HMOYPX01, IPKYXREF, HMAY0001
v1.1	12/01/01	Russell E. Blackburn Jr.		Edit and added additional copybook and DED information. Also completed section three, “Acronyms and Terms/Abbreviations”.